

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELLS

Submit this report in TRIPLICATE to the District Office, Oil Conservation Commission, within 10 days after the work specified is completed. It should be signed and filed as a report on Beginning Drilling Operations, Results of test of casing shut-off, result of plugging of well, result of well repair, and other important operations, even though the work was witnessed by an agent of the Commission. See additional instructions in the Rules and Regulations of the Commission.

Indicate Nature of Report by Checking Below

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON RESULT OF TEST OF CASING SHUT-OFF	X	REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL		REPORT ON RECOMPLETION OPERATION		REPORT ON (Other)	

February 2, 1954

(Date)

Hobbs, New Mexico

(Place)

Following is a report on the work done and the results obtained under the heading noted above at the

Gulf Oil Corporation - W. K. Byron
 (Company or Operator)

H. T. Orcutt

(Lease)

Gaskle Drilling Company
 (Contractor)

, Well No. **2** in the **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$ of Sec. **8**

T. **19S**, R. **38E**, NMPM, **Hobbs** Pool, **Lea** County.

The Dates of this work were as follows: **January 12-14, 1954**

Notice of intention to do the work (~~was~~) (was not) submitted on Form G-102 on....., 19.....
 (Cross out incorrect words)

and approval of the proposed plan (~~was~~) (was not) obtained.

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Ran 4041' of 5-1/2" casing. Set and cemented at 4051' with 400 sacks cement in 2 stages. 1st stage 250 sacks cement on bottom. 2nd stage thru DV tool at 1650' with 150 sacks cement. Cement did not circulate.

After waiting over 36 hours, tested 5-1/2" casing with 1000# for 30 min, no drop in pressure. Drilled cement plug and tested below casing shoe with 1000# for 30 min. There was no drop in pressure.

Witnessed by **W. K. Byron**
 (Name)

(Company)

Operator
 (Title)

Approved: **OIL CONSERVATION COMMISSION**

S. G. Stanley
 (Name)

(Title)

(Date)

I hereby certify that the information given above is true and complete to the best of my knowledge.

Name *H. T. Orcutt*

Position **Asst. Area Production Superintendent**

Representing **Gulf Oil Corporation**

Address **Box 2167, Hobbs, N.M.**