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)	

July 27, 1954   Midland, Texas
(Date)   (Place)

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

The Texas Company   **H. T. Mattern**
(Company or Operator)   (Lease)

D.P.L. Company, Inc. , Well No. **5** in the **NW** ¼ **SW** ¼ of Sec. **20** ,
(Contractor)

T. **19-S**, R. **37-E**, NMPM., **Eumont Gas** Pool, **Lea** County.

The Dates of this work were as follows: **See below**

Notice of intention to do the work ~~(was)~~ (was not) submitted on Form C-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

TD: 3475 - Lime

Ran and cemented 106 joints 3460' of 5 1/2" casing at 3470' with 700 sacks. Completed at 4:20 AM 7-20-54.

Commenced drilling cement at 5:00 AM 7-23-54. Tested casing job by pressure method. Tested okay.

Witnessed by _____   _____ _____
(Name)   (Company)   (Title)

Approved:
OIL CONSERVATION COMMISSION
(Name)

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

Name _____

Position **Asst. Dist. Supt.**

Representing **The Texas Company**

Address **Box 1270, Midland, Texas**

_____   _____
(Title)   (Date)