MEXICO OIL CONSERVATION COMPLISSION

Santa Fe, New Mexico

(Form C-103) (Revised 7/1/52)

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	REPORT ON REPAIRING WELL
REPORT ON RESULT OF PLUGGING WELL	x	REPORT ON RECOMPLETION OPERATION	 REPORT ON (Other)

Dece	mber	17,	1953

Hobbs, New Mexico

(Place)

(Date)

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

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C. H. Sweet (Company or Operator) Hobbs Pipe & Supply Co.		Stanford Trickey		
		4	(Lease)	
(Contractor)	·····,	Well No	in the	,
T	Skaggs	Pool,	Lea	County.
The Dates of this work were as folows:	August 25,	1952		
Notice of intention to do the work (was) (was not) sub	mitted on Form	C-102 on	(Cross out incorrect words)	19 52 ,
and approval of the proposed plan (was) (XXXXXX) obt	ained.			

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

The above well was plugged and abandoned using the following procedure: Ram 4000° of tubing and mixed and pumped in 25 sack cement plug in bottom and ram 100 sacks mud. Ram tubing back to 2100° and ram a 25 sack cement plug at that depth. Shot 5 1/2" Casing off and recovered 900°. Ram a 15 sack cement plug at the top of the 5 1/2" at 900°. Ram 15 sack cement plug at bottom of surface pipe and a tem sack cement plug at top of the hole. A marker was erected to show the location abandoned.

Witnessed by		
(Name)	(Company)	(Title)
Approved: OIL CONSERVATION COMMISSION	I hereby certify that the information giv to the best of my knowledge. Name	
(Title) (Date)	AddressBox 1115, H	