

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Dixilyn Drilling Corporation, Box 3427, Odessa, Texas  
(Address)

LEASE Atlantic-State WELL NO. 1 UNIT P S 3 T 22-S R 35-E

DATE WORK PERFORMED 7-23-58 POOL Undesignated

This is a Report of: (Check appropriate block)

<input checked="" type="checkbox"/> Beginning Drilling Operations	<input type="checkbox"/> Results of Test of Casing Shut-off
<input type="checkbox"/> Plugging	<input type="checkbox"/> Remedial Work
	<input type="checkbox"/> Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

Well spudded @ 3:00 p.m. by J. C. Crain Drilling Company, Contractor

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. \_\_\_\_\_ TD \_\_\_\_\_ PBD \_\_\_\_\_ Prod. Int. \_\_\_\_\_ Compl Date \_\_\_\_\_  
Tbng. Dia \_\_\_\_\_ Tbng Depth \_\_\_\_\_ Oil String Dia \_\_\_\_\_ Oil String Depth \_\_\_\_\_  
Perf Interval (s) \_\_\_\_\_  
Open Hole Interval \_\_\_\_\_ Producing Formation (s) \_\_\_\_\_

RESULTS OF WORKOVER:	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____		
	(Company)	

OIL CONSERVATION COMMISSION

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

Name *Robert L. Chappell*  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Name \_\_\_\_\_  
Position Robert L. Chappell, Secretary  
Company Dixilyn Drilling Corporation

Distribution:  
(3)-NMOCC  
(1)-J.F. Younger  
(1)-Atlantic