

Orig: & cc: OGC  
cc: FHE  
JTR  
FNEW 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		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL		REPORT ON RECOMPLETION OPERATION		REPORT ON (Other) <b>Dual</b>	<b>X</b>

July 12, 1955  
(Date)Hobbs, New Mexico  
(Place)

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

Sinclair Oil & Gas Company  
(Company or Operator)State #157 "A"  
(Lease)Oscar Borg Drilg. Co.  
(Contractor)Well No. 2 in the NW  $\frac{1}{4}$  SE  $\frac{1}{4}$  of Sec. 9T. 22S  $\frac{1}{4}$ , R. 36 E, NMPM., 144 Jalmit Pool, Lea County.The Dates of this work were as follows: 4-14-55Notice of intention to do the work (was) (~~was~~) 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

Perforated 7" casing in Yates & Seven Rivers gas zones from 3142-48, 3154-74, 3167-3204, 3220-26, 3242-54, 3264-78, 3306-20, 3324-38. Tested natural 557 MCF gas W/900# C.P. Acidized above perforations with 3,000 gallons of mud acid @ Max. Press. of 1000#, at injection rate of 6 barrels per minute. Tested 3,472 MCF gas per 24 hours W/220# C.P.

Witnessed by H. A. Lund  
(Name)Sinclair Oil & Gas Co.  
(Company)Foreman  
(Title)by: G. Stanley  
OIL CONSERVATION COMMISSION  
(Name)

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

Name G. StanleyPosition Dist. Sup t.

Representing \_\_\_\_\_

Address \_\_\_\_\_

(Date)