

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		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL		REPORT ON RECOMPLETION OPERATION		REPORT ON (Other) Sand Frac	X

March 22, 1954

(Date)

Artesia, New Mexico

(Place)

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

Charm Oil Company

(Company or Operator)

Superior State

(Lease)

Well No. **2** in the **SE** $\frac{1}{4}$ **SW** $\frac{1}{4}$ of Sec. **12**
T. **21**, R. **35**, NMPM, **Bunice** Pool, **Lea** County.

The Dates of this work were as follows: **March 16th and 17th, 1954**

Notice of intention to do the work (was) ~~not~~ submitted on Form C-102 on **March 16th**, 19**54**

(Cross out incorrect words)

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

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Sand fraced w/10,000 gallons and 15,000 pounds of sand on March 16th.
After treatment well flowed during 20 hours of flow on 17th, 19th and 20th
a total of 840 barrels oil.

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

Approved: **OIL CONSERVATION COMMISSION**

J. G. Stanley
(Name)

(Title)

(Date)

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

Name **Vilas P. Sherron**

Position **Agent**

Representing **Charm Oil Company**

Address **314 Carper Bldg., Artesia, New Mexico**