

DUPLICATE

## NEW MEXICO OIL CONSERVATION COMMISSION

## MISCELLANEOUS REPORTS ON WELLS

RECEIVED

NOV 15 1951

Submit this report in triplicate to the Oil Conservation Commission District Office within ten days after the work specified is completed. It should be signed and filed as a report on beginning drilling operations, results of shooting well, results of casing shut off, result of plugging of well, 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 REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL	<input checked="" type="checkbox"/>	REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF		REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

October 31, 1951

Dobbs, New Mexico

Date

Place

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

Continental Oil Company

State D-15

Well No. 5 in the

Company or Operator

Lease

NE/4

of Sec. 15

T. 21N

R. 16E, N. M. P. M.,

Dobbs

Pool

Las

County.

The dates of this work were as follows: 10-31-51

Notice of intention to do the work was (was not) submitted on Form C-102 on \_\_\_\_\_, 19\_\_\_\_, and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.)

## DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

On 10-31-51, the subject well was treated with 1,500 gallons of 20% HCl acid from 3700' to 3880' in open hole section. Maximum pressure 1700#, minimum pressure vacuum.

Prior to acidizing the well produced no oil, gas or water. After treating, the well tested 42 bbls. oil and 70 bbls. water pumping.

ILLEGIBLE

Witnessed by \_\_\_\_\_ Name \_\_\_\_\_ Company \_\_\_\_\_ Title \_\_\_\_\_

APPROVED:  
OIL CONSERVATION COMMISSION

*Ray Yarbrough*  
Name \_\_\_\_\_  
Oil & Gas Inspector  
Title \_\_\_\_\_

I hereby swear or affirm that the information given above is true and correct.

Name *E. L. Spager*  
Position District Superintendent  
Representing Continental Oil Company  
Company or Operator  
Address Box 457, Dobbs, New Mexico

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