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.

| result of well repair, and other importa instructions in the Rules and Regulation | s of the Commission. | | | nission. See addition |
|--|-----------------------------|--|-----------------------------|---------------------------|
| | Indicate Nature of R | eport by Checking Belov | v | |
| REPORT ON BEGINNING DRILLING OPERATIONS | REPORT ON RES | SULT OF TEST T-OFF | REPORT ON REPAIRING WELL | |
| REPORT ON RESULT OF PLUGGING WELL | REPORT ON RECOPERATION | COMPLETION | REPORT ON (Other) | |
| | Dec | . 13,1954 | | t Hext so (Place) |
| Following is a report on the work | done and the results obtain | ed under the heading note | ed above at the | |
| Skelly Gil capeny (Company or Ope | rator) | | Baker #6# | ••••••••••••••••••••••••• |
| J.C. Crain Drilling comp | | , Well No 15 | (Lease) in the N | ½ of Sec. 10 |
| 7. 225 , R. 375 , NMPM., | Tubbs - Blinebry | Pool, | NA | County |
| The Dates of this work were as folows: | 2-9-54 thru 12-12 | -54 | | |
| Notice of intention to do the work (was) | | | | |
| and approval of the proposed plan (| | (Cr | oss out incorrect words) | 19 |
| | ED ACCOUNT OF WORK | | | |
| Set 7" OB Casing at T. P.D. at 10:00 P.M. 12- Shut-off tested okey. | D. 6100' and comme | ted with JAM and | en han United Lands | process. shut-off. |
| | | | | |
| | | | | , |
| Witnessed by R.L. Calhoon (Name) | Skell | 7 011 Coapany | Pist. | Foreman |
| Approved: OH CONSERVATION CO | OMMISSION | I hereby certify that the to the best of my know | e information given above | is true and complete |
| (Name) | - | Position Diat. | Sept. | 0 |
| <i>V</i> | | Representing. Skel | Ly ULL Company | |

(Date)

Address..

(Title)