

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS  
(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Skelly Oil Company Box 38 Hobbs, New Mexico  
(Address)

LEASE J.V. Baker WELL NO. 10 UNIT "A" S 27 T 22S R 37E  
DATE WORK PERFORMED 4/24/1957-4/26/1957 POOL Undesignated

This is a Report of: (Check appropriate block) ☒ Results of Test of Casing Shut-off  
☐ Beginning Drilling Operations ☐ Remedial Work  
☐ Plugging ☐ Other \_\_\_\_\_

Detailed account of work done, nature and quantity of materials used and results obtained.  
Set 8-5/8"OD casing at 2700' and cemented with 1400 sacks by the Halliburton process.  
Cement circulated to surface. Plug down 7:30 A.M. 4/24/1957. W.O.C. 48 hours. Drilled  
cement plug and tested casing shut-off. Shut-off tested o.k.,

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 <u>E. Fischer</u>      | Name <u>J. J. Simlar</u>  |
| Title _____                 | Position <u>Dist. Supt.</u>   |
| Date _____                  | Company <u>Skelly Oil Company</u>   |