

General Information (Name, Address, etc.)

Name

Address

City

State

Zip

Phone

Telex

Radio

Mail

Other

Remarks

Signature

Date

Initials

Print Name

Print Address

Print City

Print State

Print Zip

Print Phone

Print Telex

Print Radio

Print Mail

Print Other

Print Remarks

Print Signature

Print Date

Print Initials

Print Print Name

Print Print Address

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MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company Albert Gackle, Operator			Address P. O. Box 2076, Hobbs, New Mexico			
Lease Continental-State	Well No. 1	Unit Letter I	Section 31	Township 24 S.	Range 33 E.	
Date Work Performed 1-9-61	Pool Wildcat			County Lea		

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☒ Casing Test and Cement Job
 ☐ Other (Explain):
- ☐ Plugging
 ☐ Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

Ran 10 jts. 8 5/8", 24# casing set @ 335, cemented with 150 sacks Regular, w/2% Ca Cl. Plug down @ 7:00 P. M. Cement circulated. WOC 24 hrs., pressured up to 600#, no drop in Pressure. Cement job O.K.

Witnessed by M. L. Southerland	Position Toolpusher	Company Gackle Drilling Co., Inc.
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

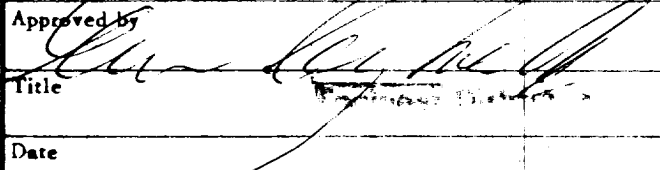
D F Elev.	T D	P BTD	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION

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

Approved by 	Name R. Z. Montgomery
Title Agent	Position Agent
Date	Company Albert Gackle, Operator