

**DUPLICATE**

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

**RECEIVED**

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 test 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		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			

Report on Back Pressure Test

August 15, 1951

Date

Lease No. 238, R. 36E, T. 28S, N. M. P. M.,

Place

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

Continental Oil Company, Lynn A-28, Well No. 5, in the  
Company or Operator  
NE/4 of NE/4, of Sec. 28, T. 23S, R. 36E, N. M. P. M.,  
Cooper Jal, Pool, Lea, County.

The dates of this work were as follows: June 15, 1951

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

The subject well has an absolute open flow potential of 29,000 ~~scf~~ gas per day as determined by the back pressure test in accordance with Rule 401 of Order No. 880. Date of Test: June 15, 1951

**ILLEGIBLE**

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

APPROVED:  
OIL CONSERVATION COMMISSION

*Ray Yarbrough*  
Name \_\_\_\_\_  
Inspector  
Title \_\_\_\_\_

June 15, 1951  
Date

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

Name \_\_\_\_\_

Position \_\_\_\_\_

Representing \_\_\_\_\_  
Company or Operator

Address \_\_\_\_\_  
Box 100, Hobbs, New Mexico