



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,

	Indicate Nature of Report by Checking	Below
REPORT ON BEGINNING DRILLING OPERATIONS	REPORT ON RESULT OF TEST OF CASING SHUT-OFF	REPORT ON REPAIRING WELL
REPORT ON RESULT OF PLUGGING WELL	REPORT ON RECOMPLETION OPERATION	REPORT ON (Other)
	Dec. 5, 1953	Hobbs, New Mexico
Following is a report on the work don	ne and the results obtained under the heading	
Skelly Oil Company		Marios HKD
(Company or Operato	r)	(Lease)
Parker Drilling Co. (Contractor)	, Well No <b>9</b>	in the NV 1/4 SB 1/4 of Sec. 29
T24S R 38E NMPM Della	rhide Drinkard Pool,	<b>Les</b>
The Dates of this work were as follows:Dec	. 2, 1953 thru Dec. 5, 1953	
Notice of intention to do the work (w	vas not) submitted on Form C-102 on	(Cross out incorrect words)
and approval of the proposed plan (w	vas not) obtained.	
DETAILED to 69351. Set $5\frac{1}{8}$ 7 OD	D ACCOUNT OF WORK DONE AND RES	SULTS OBTAINED  Is coment by Halliburton process.  But-off. Shut-off tested okay.
rilled to 6935'. Set 5½" OD OC 72 hours and drilled out o	casing at 6635' with 450 sach	rs coment by Halliburten process. nut-off. Shut-off tested ekay.
DETAILEI	D ACCOUNT OF WORK DONE AND RES	es cement by Halliburton process.
DETAILED Cilled to 6935'. Set 5½" OD C 72 hours and drilled out of the country of	Skelly Oil Company  (Company)	Dist. Foreman  (Title)
DETAILER Filled to 6935'. Set 5½" OD 6 72 hours and drilled out 6  Witnessed by R. L. Calhoon  (Name)	Skelly Oil Company  (Company)  I hereby certify to the best of m  Name	Dist. Foreman  (Title)  that the information given above is true and complete y knowledge.
DETAILER  Filled to 6935'. Set 5½" OD  Of 72 hours and drilled out of  Witnessed by R. L. Calhoon  (Name)  Approved:  Of Conservation continuous	Skelly Oil Company  (Company)  I hereby certify to the best of m  Name	Dist. Foreman  (Title)  that the information given above is true and complete y knowledge.