

RO-751

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.

Indicate Nature of Report by Checking Below

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON RESULT OF TEST OF CASING SHUT-OFF	x	REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL		REPORT ON RECOMPLETION OPERATION		REPORT ON (Other)	

.....November 9, 1954.....Jal, New Mexico.....
(Date) (Place)

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

.....R. Olsen.....Hodge.....
(Company or Operator) (Lease)
.....R. Olsen....., Well No. **5**.....in the **C. NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$ of Sec. **8**.....
(Contractor)
T. **24S**., R. **37E**., NMPM., Langlie Mattix.....Pool,Lea.....County.

The Dates of this work were as follows: November 8th & 9th.....

Notice of intention to do the work (~~was~~) (was not) submitted on Form C-102 on....., 19.....
(Cross out incorrect words)
and approval of the proposed plan (~~was~~) (was not) obtained.

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Started drilling at 7:00 P.M. 11/8/54. Drilled to a total depth of 305'.
Ran 282' of 8-5/8" 24# casing set at 298'. Using 225 sacks of cement. Cement circulated to surface. Plug down at 5:00 A.M. 11/8/54.

Applied 1000# pressure and held for 30 minutes to test casing shut off. No drop in pressure. Shut off okay. Started drilling plug at 5:00 A.M. 11/9/54.

Witnessed by.....Ladell Ellis.....R. Olsen.....Tool Pusher.....
(Name) (Company) (Title)

Approved: OIL CONSERVATION COMMISSION

.....S. G. Stanley.....
(Name)
.....
(Title) (Date)

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

Name.....Johnnie French.....
Position.....Superintendent.....
Representing.....R. Olsen.....
Address.....Drawer 2, Jal, New Mexico.....