DIL INSERVATION COMMIE O

Copy

Title

Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELLS

Submit this report in triplicate to the Oil Conservation Commission or its proper agent within ten days after the work specified is completed. It should be signed and sworn to before a notary public for reports 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. Reports on minor operations need not be signed and sworn to before a notary public. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of report by checking below: REPORT ON BEGINNING DRILLING OPERA-REPORT ON REPAIRING WELL TIONS REPORT ON RESULT OF SHOOTING OR CHEM-REPORT ON PULLING OR OTHERWISE ICAL TREATMENT OF WELL ALTERING CASING REPORT ON RESULT OF TEST OF CASING REPORT ON DEEPENING WELL SHUT-OFF REPORT ON RESULT OF PLUGGING OF WELL X Artesia, New Lexico OIL CONSERVATION COMMISSION. SANTA FE, NEW MEXICO. Gentlemen: Following is a report on the work done and the results obtained under the heading noted above at the Malco Refineries Inc. _____Well No.____l in the Company or Operator of Sec. 1610 , T. 195 , R. ____ Wildcat Field. The dates of this work were as follows:_ Notice of intention to do the work was (was not) submitted on Form C-102 on and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.) DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED Above well plusmed in accordance with request as outlined on form C-102 dated August 27, 1945. Flugging operations were started August 27, 1945 and completed including setting of a regulation marker August 30, 1945. Witnessed by _______ W. G. Cunningham I hereby swear or affirm that the information given above Subscribed and sworn before me this___ is true and correct. Name c/ C. T. Young __ day of _______ 19___ Position ___ Notary Public Representing ____ Company or Operator My commission expires_ Address ___ Remarks: APPROVED: 9-29-45 Name