

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 | | REPORT ON REPAIRING WELL | |
| REPORT ON RESULT OF PLUGGING WELL | | REPORT ON RECOMPLETION OPERATION | X | REPORT ON (Other) | |

3/7/55

(Date)

Astec, New Mexico

(Place)

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

Francis L. Harvey

(Company or Operator)

Gale

(Lease)

Hamburton

(Contractor)

Well No. **1** in the **SW** **NW** $\frac{1}{4}$ of Sec. **24**T. **29N**, R. **11W**, NMPM., **Astec-Fruitland** Pool, **San Juan** County.The Dates of this work were as follows: **2/17/55**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

Sand-Oil Frac 1550-1596 w/9450 G0, 8300 # Sand

Witnessed by **Francis L. Harvey**

(Name)

Francis L. Harvey

(Company)

Operator

(Title)

Approved:

OIL CONSERVATION COMMISSION

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

Name

Position

Agent

Representing

Francis L. Harvey

Address

Box 990, Wichita Falls, Texas

Oil and Gas Division, Santa Fe, N.M.

(Title)

(Date)

| OIL CONSERVATION COMMISSION | | |
|-----------------------------|-----------------|---|
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