

**NEW MEXICO STATE LAND OFFICE
OFFICE OF THE STATE GEOLOGIST
SANTA FE, NEW MEXICO**

MISCELLANEOUS NOTICES

Submit this notice in triplicate to the State Geologist or proper Oil and Gas Inspector at least five days before the work specified is to begin. A copy will be returned to the sender on which will be given the approval with any modifications considered advisable or the rejection by the State Geologist or Oil and Gas Inspector of the plan submitted. The plan as approved should be followed and work should not begin until approval is obtained.

Indicate nature of notice by checking below:

NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO PULL OR OTHERWISE ALTER CASING	
NOTICE OF INTENTION TO REPAIR WELL		Notice of Intention to	
NOTICE OF INTENTION TO DEEPEN WELL		Treat with Acid	X

Hobbs, New Mexico PLACE June 15, 1935 DATE

Mr. E. H. Wells State Geologist,
Santa Fe, N. Mex.

Following is a notice of intention to do certain work as described below at the _____

Stanolind Oil and Gas Company Byers Well No. 26 in NW 1/4
COMPANY OR OPERATOR LEASE
of Sec. 3, T. 19 S, R. 38 E, N. M. P. M., Hobbs
Oil Field, Los County.

DETAILS OF PROPOSED PLAN OF WORK

We propose to treat the well with 6000 gallons of Dowell X Acid to raise the potential. This is an incomplete well which has not been tested for official potential.

DUPLICATE

Approved JUN 10 1935, 19____
except as follows:
APPROVED AS COM.
BY [Signature]

NAME TITLE

Stanolind Oil and Gas Company
COMPANY OR OPERATOR
By [Signature]
Position Field Superintendent
Send communications regarding well to
Name Stanolind Oil and Gas Company
Address Hobbs, New Mexico

Address _____

W. R. [unclear] Office

OFFICE OF THE
COMMISSIONER OF THE
REVENUE DEPARTMENT

PROCEEDINGS
IN MATTER OF
[Illegible Name]
[Illegible Address]
[Illegible City, State, Zip]
[Illegible Date]

[Illegible text block containing details of the proceedings, possibly including a list of items or a description of the case.]

Send communications regarding well to
Name, Address, City, State, Zip
Position, Title, and Telephone
Company or Department

Approved: _____
except as follows:
[Illegible signature]

10/20/68