

NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE, NEW MEXICO

MISCELLANEOUS NOTICES

Submit this notice in triplicate to the Oil Conservation Commission or its proper agent 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 Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of notice by checking below:

NOTICE OF INTENTION TO TEST CASING SHUT-OFF	<input checked="" type="checkbox"/>	NOTICE OF INTENTION TO SHOOT OR CHEMICALLY TREAT WELL	
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 PLUG WELL	
NOTICE OF INTENTION TO DEEPEN WELL			

Hobbs, New Mexico Place September 29, 1949 Date

OIL CONSERVATION COMMISSION,
Santa Fe, New Mexico.

Gentlemen:

Following is a notice of intention to do certain work as described below at the _____
Gulf Oil Corporation Runica King Well No. 19 in NE NW
 Company or Operator Lease
 of Sec. 28, T. 21S, R. 37E, N. M. P. M., Hare Field.
Lea County.

FULL DETAILS OF PROPOSED PLAN OF WORK
 FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS OF THE COMMISSION

On September 28, 1949, ran 9 jts of new 13 3/8" OD, 8 Hd. Thd., 48%, range 2, S.S. casing. Tallies 282', H-15', set 297'. Cemented by Halliburton with 300 sacks of common Portland bulk cement. Plug @ 286', cement circulated. Job started @ 7:30 a.m. and completed @ 10:30 a.m.

Propose to drill plug and test shut-off 10:30 p.m., September 29, 1949.

Approved _____, 19____
 except as follows:

Gulf Oil Corporation
 Company or Operator
 By E. J. Gallagher
 Position District Supt
 Send communications regarding well to

OIL CONSERVATION COMMISSION,
 By Ray Campbell
 Title _____

Name E. J. Gallagher
 Address Box 1667, Hobbs, New Mexico

REPUBLIC OF PHILIPPINES

Department of Health
Bureau of Health Services
Office of the Director
1201 Roxas Boulevard, Manila, Philippines

TO: [Name of Recipient]
FROM: [Name of Sender]
SUBJECT: [Subject of the Letter]

[Main body of the letter containing the details of the communication]

[Handwritten signature]
[Printed name of the signatory]