

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

**MISCELLANEOUS REPORTS ON WELLS**

Submit this report in duplicate to the State Geologist or proper Oil and Gas Inspector 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 water shut-off, result of abandonment of well, and other important operations, even though the work was witnessed by the State Geologist or Oil and Gas Inspector. Reports on minor operations need not be signed and sworn to before a notary public, but such operations should be witnessed by an Oil and Gas inspector if possible.

Indicate nature of report by checking below:

REPORT ON BEGINNING DRIBLLING OPERATIONS		REPORT ON DEEPENING WELL	
REPORT ON RESULT OF SHOOTING WELL		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF WATER SHUT-OFF	<b>X</b>	REPORT ON REPAIRING WELL	
REPORT ON RESULT OF ABANDONMENT OF WELL			

Dallas, Texas

Aug. 16, 1935.

Mr. F. J. Vesely State Geologist, Oil & Gas Inspector,  
~~Santa Fe, N. Mex.~~ Carlsbad, N. Mex.

Following is a report on the work done and the results obtained under the heading noted above at the Sun Oil Company W. Mavesty Well No. 2 in the SW 1/4 or Operator of Sec. 38 Lease, T. 19-S, R. 36-E N. M. P. M., Monument Oil Field, Lea County.

The dates of this work were as follows: Aug. 14, 1935

Notice of intention to do the work was (~~insert~~) submitted on Form SG 105 on Aug. 9, 19 35, and approval of the proposed plan was (~~insert~~) obtained. (Cross out incorrect words.)

**DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED**

**Satisfactory water shut-off on 9-5/8" Casing at 2350 feet.**

DUPLICATE

Subscribed and sworn to before me this 16th day of August, 1935

John A. McDermott  
 Notary Public  
 in & for Dallas County, Texas.

My Commission expires June 1, 1937.

I hereby swear or affirm that the information given above is true and correct.

Name M. G. Brown  
 Position Supt.  
 Representing Sun Oil Company  
 Company or Operator  
 Address Dallas, Texas.

Remarks:

APPROVED FOR  
 BY F. J. Vesely

M. G. Brown  
 Name

Title

## MISCELLANEOUS REPORTS ON WELLS

When a report is filed to the State Geologist or proper Oil and Gas Inspector in the State of New Mexico, it should be signed and dated by the person who has made the report. It should also be signed and dated by the State Geologist or proper Oil and Gas Inspector before the report is filed. The State Geologist or proper Oil and Gas Inspector should also be notified by the person who has made the report of the nature of the report and of the location of the well. The State Geologist or proper Oil and Gas Inspector should also be notified of the results of the report and of the location of the well. The State Geologist or proper Oil and Gas Inspector should also be notified of the nature of the report and of the location of the well. The State Geologist or proper Oil and Gas Inspector should also be notified of the results of the report and of the location of the well.

Indicate nature of report by checking below:

REPORT ON DEEPENING WELL	REPORT ON DEEPENING WELL
<input type="checkbox"/>	<input type="checkbox"/>
REPORT ON PLUGGING OR STOPPING WELL	REPORT ON PLUGGING OR STOPPING WELL
<input type="checkbox"/>	<input type="checkbox"/>
REPORT ON REPAIRING WELL	REPORT ON REPAIRING WELL
<input type="checkbox"/>	<input type="checkbox"/>

Name of well, location, and other data:

Name of well: \_\_\_\_\_ Location: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of operator: \_\_\_\_\_

Name of engineer: \_\_\_\_\_

Name of geologist: \_\_\_\_\_

Name of inspector: \_\_\_\_\_

Name of recorder: \_\_\_\_\_

Name of draftsman: \_\_\_\_\_

Name of printer: \_\_\_\_\_

Name of binder: \_\_\_\_\_

Name of distributor: \_\_\_\_\_

Name of publisher: \_\_\_\_\_

Name of printer: \_\_\_\_\_

Name of binder: \_\_\_\_\_

Name of distributor: \_\_\_\_\_

Name of publisher: \_\_\_\_\_

THE STATE GEOLOGIST

SANTA FE, NEW MEXICO

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Teletype: \_\_\_\_\_

Radio: \_\_\_\_\_

Cable: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web: \_\_\_\_\_

Mobile: \_\_\_\_\_

Pager: \_\_\_\_\_

Instant Message: \_\_\_\_\_

Social Media: \_\_\_\_\_

Other: \_\_\_\_\_