#### 3

# NEW MEXICO STATE LAND OFFICE SANTA FE, NEW MEXICO

### DEPARTMENT OF THE STATE GEOLOGIST

NEW MEXICO SCHOOL OF MINES SOCORRO, NEW MEXICO

### MISCELLANEOUS REPORTS ON WELLS

Reports should be made within ten days of completing the work indicated and should be submitted in duplicate.

## INDICATE NATURE OF REPORT BY CHECKING

REPORT ON RESULT OF	F SHOOTING	SUPPLEMENTARY	WELL HISTORY
REPORT ON RESULT OF OF WATER SHUT-OF	F TEST F X	<u> </u>	
REPORT ON RESULT OF	F ABANDONMENT		
Mr. R. L. Halley		<u>ំ</u> បំពឹ	s. N. Mex., Jog. 26. 195
State Geologist, Socorro, New M	lexico.		
Dear Sir:			
Following is a repor	t giving the results of v	work done as indicated ab	ove at 0:TY
Well No. 8 i	n of Sec	. <u>9</u> , T. <u>19</u>	R. 3811
N. M. P. M.,	Hob <b>bs</b>	Oil Field	Lea Count
The plan outlined on	of control of the same of a	OTTOMOR.	makan alme ass had had a
prilling resumed.	alloadd to adde rot	und that successful	water sint-off had been i
<del>-</del>	alloade to acce for	I hereby swear or	affirm that I have knowledge o
prilling resumed.	, 4	I hereby swear or the facts given above correct.	affirm that I have knowledge of and that the same are true an
prilling resumed.	1/2/9 3	I hereby swear or the facts given above correct.	affirm that I have knowledge o
prilling resumed.	, 4	I hereby swear or the facts given above correct.  Name Position Field up	affirm that I have knowledge of and that the same are true and
prilling resumed.	, 4	I hereby swear or the facts given above correct.  Name Position Field up	affirm that I have knowledge of and that the same are true and the same are true are true and the same are true are true and the same are true a
prilling resumed.	, 4	I hereby swear or the facts given above correct.  Name Position Field up	affirm that I have knowledge of and that the same are true and the same are true are true and the same are true are true and the same are true are true are true and the same are true are tr
Vitnessed State geou	LOGIST OR OIL AND GAS INSPECTOR.	I hereby swear or the facts given above correct.  Name Position Field up Representing Address	affirm that I have knowledge of and that the same are true and the same are true are true and the same are true are true and the same are true are true are true and the same are true are tr
Vitnessed STATE GEOL	LOGIST OR OIL AND GAS INSPECTOR.  est of Water Shut-off of seed by an official representation.	I hereby swear or the facts given above correct.  Name Position Field up Representing Address	affirm that I have knowledge of and that the same are true and the same are true are true and the same are true are true and the same are true are true are true and the same are true are tr

My commission expires 21

fore a Notary Public. Other reports ordinarily do not have to be subscribed and sworn to before a

Notary Public.