

OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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MISCELLANEOUS REPORTS ON WELLS

Submit this report in triplicate to the Oil Conservation Commission or its proper agent 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 casing shut-off, result of plugging of well, and other important operations, even though the work was witnessed by an agent of the Commission. Reports on minor operations need not be signed and sworn to before a notary public. 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 REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL	X	REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF		REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Artesia, New Mexico  
Place

9-26-15  
Date

OIL CONSERVATION COMMISSION,  
SANTA FE, NEW MEXICO.

Gentlemen:

Following is a report on the work done and the results obtained under the heading noted above at the \_\_\_\_\_  
 Southern Union Gas Company State \_\_\_\_\_ Well No. 4 in the  
 Company or Operator Lease  
 NE/4 of Sec. 29, T. 17S, R. 20E, N. M. P. M.,  
 Red Lake Field, Eddy County.

The dates of this work were as follows: 2-11-15

Notice of intention to do the work was (was not) submitted on Form C-102 on \_\_\_\_\_ 19\_\_\_\_  
 and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

This well was shot with 40 quarts from 1810 to 1880 feet and 80 quarts from 1880 to 1920 feet.

Witnessed by W. W. Forts Southern Union Gas. Co. Geol Eng.  
 Name Company Title

Subscribed and sworn before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19\_\_\_\_

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

Name c/ W. W. Forts

Position \_\_\_\_\_

Notary Public

Representing \_\_\_\_\_  
 Company or Operator

My commission expires \_\_\_\_\_

Address \_\_\_\_\_

Remarks:

APPROVED: 9-29-15

Name

Title