## NEW MEXICO OIL CONSERVATION COMMISSION

## MISCELLANEOUS REPORTS ON WELLS

1AY 2 1 1952

Submit this report in triplicate to the Oil Conservation Commission District Office within ten days after the work specified is completed. It should be signed and filed as a report 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. See additional instructions in the Rules and Regulations of the Commission.

agent of the Commission. Se	e additional insti	ructions in the	e Rules and Regula	tions of the Com	mission.		
	Indicat	e nature of re	eport by checking b	elow.			
REPORT ON BEGINNING DRILLING OPERATIONS			REPORT ON REPAIRING WELL				
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL				REPORT ON PULLING OR OTHERWISE ALTERING CASING			
REPORT ON RESULT OF TEST OF CASING SHUT-OFF			REPORT O	REPORT ON DEEPENING WELL			
REPORT ON RESULT OF PI	LUGGING OF W	ELL X					
					<u> </u>		
		May 2	0, 1952 Date		naington P	lace	
Following is a report on the we	ork done and the	results obtai <b>n</b> e	ed under the heading	r noted above at ti	he		
AZTEC CIL & GAS							
Company	or Operator		Lease T. <b>31</b> N				
Planco-La Plata							
The dates of this work were as	follows:	2/0/24	-5/10/5Z		<del></del>	•••••••••••••	
Notice of intention to do the w	vork (was no	t) submitted o	on Form C-102 on			19	
and approval of the proposed p							
			DONE AND RES		2D		
2-1		(1 01 01			-		
Wall w	es emided !	-8-59. 1	0-3/4" casing	computed of	•		
			casing for 3		u		
	00# pressure			· · · · · · · · · · · · · · · · · · ·			
D., 199 .	3	M 30 M		** * .			
			, tested for drop in press				
WINT 9	oog frassme	s with no	arob mi bress	ure.			
Witnessed by	yer	Danuan	Drilling Com	pany	Tool	usher	
	Name		Company '			Title	
APPROVED: OIL CONSERVATI	ON COMMISSIO	)N	I hereby swear	or affirm that the	he informat	ion given above	
Al Liver			Name #	2 MADEL	\$ 1.7. i = 1	×3	
Cil and Cas inspect	ior Dist. #3.	Name	Position Dr.	illing Sure	rintender	/ o <b>t</b>	
MAV 01	1050	Title		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
MH: CI	していた	, 19	Representing		y or Operator		