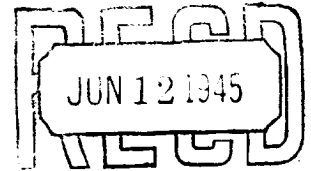




Santa Fe, New Mexico



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		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF	<input checked="" type="checkbox"/>	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Hobbs, N. M.

June 7, 1945

Place

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

Skelly Oil Company State "R" Well No. 3 in the

Company or Operator

NE SW of Sec. 36, T. 16S, R. 36E, N. M. P. M.,

Lovington Field, Lea County.

The dates of this work were as follows: 5-29-45

Notice of intention to do the work was submitted on Form C-102 on May 31, 1945

and approval of the proposed plan was obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Drilled to Total Depth 2080' in Anhydrite, ran and cemented 8-5/8" casing at TD with 500 sacks cement. Job completed 5-29-45 at 4:00 P.M. Let stand 72 hours then drilled plug and tested for casing shut off. O. K.

Witnessed by Ben Gamblin Coats Drilling Co. Driller

Name

Company

Title

Subscribed and sworn before me this

7th day of June, 1945

[Signature]

Notary Public

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

Name [Signature]

Position Dist. Supt.

Representing Skelly Oil Company Company or Operator

My commission expires Dec. 26, 1948

Address Hobbs, N. M.

Remarks:

[Signature] Name Gas Inspector Title