

OIL CONSERVATION COMMISSION

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	X	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Artesia, New Mexico
PlaceOctober 3, 1945
DateOIL 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 Thompson Well No. 2 in the
 Company or Operator Lease
 SW/4 of Sec. 20, T. 17S, R. 28E, N. M. P. M.,
 Red Lake Field, Eddy County.

The dates of this work were as follows:

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

Ran 556' of 3 1/4" casing cemented with 50 sacks by Halliburton
 shut down 72 hrs. bailed dry, no leaks, resumed drilling

Witnessed by _____
 Name _____ Company _____ Title _____

Subscribed and sworn before me this _____
 _____ day of _____, 19____

 Notary Public

I hereby swear or affirm that the information given above is true and correct.
 Name _____
 Position _____
 Representing _____
 Company or Operator _____
 Address _____

My commission expires _____

Remarks:

APPROVED: 10-8-45

Name

Title

