Form C-103

OIL CONSERVATION COMMIS. ON
Santa Fe, New Mexico
MISCELLANEOUS REPORTS ON WELLS

Sumbit 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   October 13, 1946
Date   Place

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_____

Red Lake Oil Company _____ Well No. 14 in the
Company or Operator   Lease

NE¼ NW¼ of Sec. 28, T. 17, R. 28, N. M. P. M.,

Red Lake Field, Eddy County.

The dates of this work were as follows: October 9, 1946

Notice of intention to do the work was (was not) submitted on Form C-102 on October 9, 19 46

and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

We ran 1684 ft. of 7 inch casing on October 9, 1946.
Cemented with 50 sacks, and shut down for cement to set.
Tested water shutoff. Found water completely shut-off.

Witnessed by_____

Name	Company	Title

Subscribed and sworn before me this_____

_____day of_____, 19_____

_____
Notary Public

My commission expires_____

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

Name _____

Position _____

Representing _____
Company or Operator

Address _____

Remarks:

_____
Name

_____
Title