

CONSERVATION COMMISSION

Santa Fe, New Mexico

Copy

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
Place

9-26-45
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. 2 in the _____
 Company or Operator Lease
 NW/4 of Sec. 29, T. 17S, R. 28E, N. M. P. M.,
 Red Lake Field, Eddy County.

The dates of this work were as follows: 11-19-44 to 11-23-44

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 490' of 3 1/4", cemented by Halliburton with 50 sac, shut down 72 hours bailed hole dry, no leaks, resumed drilling

Witnessed by W. W. Ports Southern Union Gas Co. Geo. Engr.
 Name Company Title

Subscribed and sworn before me this _____

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

_____ day of _____, 19____

Name e/ W. W. Ports

Position _____

Notary Public

Representing _____
 Company or Operator

My commission expires _____

Address _____

Remarks:

APPROVED: 9-29-45

 Name

 Title