

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	X	REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF		REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Artesia, New Mexico
Place

October 3, 1945
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 _____
 _____ State _____ Well No. 46 in the
 _____ Company or Operator _____ Lease _____
 _____ of Sec. 12, T. 17N, R. 20E, N. M. P. M.,
 _____ Field, _____ 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

The well was plugged in this well through 2" casing and
 installed packer at 500 to 700 feet. No more oil

Witnessed by _____	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 _____	
_____		Position _____	
Notary Public _____		Representing _____	
		Company or Operator _____	
My commission expires _____		Address _____	

Remarks:

Artesia: 10-25-45

Name _____

Title _____