NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELL

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-offs, 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 REPAIRING WELL	
REPORT ON BEGINNING DRILLING OPERATIONS		
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	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL	Report on Installation of	
	Gas Lift Equipment	
Loco H	lills, New Mexico December Place Date	27, 1946
OIL CONSERVATION COMMISSION Santa Fe, New Mexico. Gentlemen:	- Jac Date	
Following is a report on the work done and the resu	ilts obtained under the heading noted above at	; the
- Grayburg Oil Co. of New Mexico Company or Operator	Lease	-
$NE_{4}^{1}SE_{4}^{1}SE_{4}^{1}$ of Sec. 36	,T	, N. M. P. M.,
Loc o Hills Field,	Eddy	County
The dates of this work were as follows:Decem	ber 12th thru 17th, 1946	
We installed Gas-Lift Equipment on the Installed Merla colosed system wi valve at 2534'. Production increased from 8 barre Oil Per Day Gas used is being purchased from Association.	th packer at 2561' and Type WF Flo als of Oil ^P er Day to 20 Barrels of the Loco Hills Pressure Maintenanc	e
Witnessed by <u>E. M. Evans</u>	Grayburg Vil Co	usher Title
Subscribed and sworn to before me this	I hereby swear or affirm that the in above is true and correct. Name Position Representing	ـــــــــــــــــــــــــــــــــــــ
Notary Public	Company	or Öperator
My Commission expires	Address	······································
Remarks:		

Name

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