

OIL 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		REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Artesia, New Mexico

August 24, 1944

Place

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

Malco Refineries, Inc., Fortington Kelly, Well No. 1 in the
Company or Operator Lease
of Sec. 2, T. 1N, R. 2E, N. M. P. M.,
Albion 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

We began to shoot well No. 1 (10/1-130) with 2 1/2" of dynamite. After clean out well made 2 blis. of oil and 1 of water.

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:

s/Doc. H. H. H.

Name

William H. H.

Title