

## 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			

Arbacia, New Mexico

October 27, 1915

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 \_\_\_\_\_

Chicago, Illinois

Lease

Well No. 6

in the

Company or Operator

of Sec. 17

T. 10

R. 27

N. M. P. M.,

Arbacia

Field,

1915

County.

The dates of this work were as follows: \_\_\_\_\_

October 27, 1915

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

On October 27, 1915 we shot the above well with 300 lbs. of dynamite. The shot increased the flow of gas from 25 cubic feet per minute to 75 cubic feet per minute.

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:

ATTEST: 10-21-15

Name \_\_\_\_\_

Title \_\_\_\_\_