

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 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 October 8, 1946

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

J.O. Miller T.D. Bradshaw & S.P. Yates State Well No. 1 in the
Company or Operator Lease

SW $\frac{1}{4}$ SP $\frac{1}{4}$ of Sec. 13, T. 18S, R. 27E, N. M. P. M.,

Artesia Field, Eddy 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 ran 430' of 28# S.H. 8-5/8" O.D. Casing. Bailed hole and let set 2 hours.
No water came into hole.

Witnessed by _____
Name Company Title

Subscribed and sworn to before me this _____

_____ day of _____, 19_____

Notary Public

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

Name _____

Position _____

Representing _____

Company or Operator

My Commission expires _____

Address _____

Remarks:

Name

Title

1. NAME OF THE BUSINESS OR ORGANIZATION

2. ADDRESS OF THE BUSINESS OR ORGANIZATION

3. NAME OF THE PERSON OR PERSONS

4. ADDRESS OF THE PERSON OR PERSONS

5. ADDRESS OF THE PERSON OR PERSONS

6. ADDRESS OF THE PERSON OR PERSONS

7. ADDRESS OF THE PERSON OR PERSONS

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12. ADDRESS OF THE PERSON OR PERSONS

13. ADDRESS OF THE PERSON OR PERSONS