Form C-103

OIL CONSERVATION COMMISSION

Copy

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		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 (Place) 6-23-45 (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 Refg. Inc. (Company or Operator) #1 King State (Lease) Well No. 1 in the NW SE 1/4 of Sec. 16, T. 19S, R. 27E, N. M. P. M., Wildcat Field, Eddy County.

The dates of this work were as follows: 6-22-45

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

8 5/8" csg. was cemented with 50 sax of ideal cement by Halliburton at 1345' on 6-19-45. It was allowed to set for 75 hours and when bailed and tested the well was found to be dry.

Witnessed by C. D. Kester (Name) Self (Company) Contractor (Title)

Subscribed and sworn before me this _____ day of _____, 19___

_____ Notary Public

My commission expires _____

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

Name _____

Position _____

Representing _____ Company or Operator

Address _____

Remarks:

APPROVED: 7-1-45

_____ Name

_____ Title