

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		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			

At Santa Fe, New Mexico

November 1, 1917

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 _____

Company or Operator

Lease

Well No. 1 in the

_____ of Sec. 11, T. 2N, R. 1E, N. M. P. M.,

_____ Field, _____ County.

The dates of this work were as follows: November 1, 1917

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

Drilled to 41' with return. Encountered water at 17'. Water reached
41' well to 177'. Set 177' 2 1/2" 15' and casing, removed
to 111' with 27' casing.

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:

12-10-17

Name

Title