STATE ENGINEER OFFICE

WELL RECORD

INSTRUCTIONS: This form should be executed in triplicate, preferably typewritten, and submitted to the nearest district office of the State Engineer. All sections, except Section 5, shall be answered as completely and accurately as possible when any well is drilled, repaired or deepened. When this form is used as a plugging record, only Section 1A and Section 5 need be completed.

·	25 1	(A) Owner of well Carl G. Colton	
		Street and Number 2546 Milam Sullding	
		City San Antonio 5 Sta	teTexas
	-	Well was drilled under Permit No.	and is located in the
	25	58 1/4 84 1/4 SE 1/4 of Section 26 Twp.	
		(B) Drilling Contractor Stainberger Srilling	Idoense No. HD-109
3		(B) Drilling Contractor Stainberger Or11110g Street and Number 423 5. 2nd Street	Idoense No
3		Street and Number 423 5. 2nd Street	ite New Mexico
			ite New Mexico

Elevation at top of casing in feet above sea level_____Total depth of well_____ State whether well is shallow or artesian_____Depth to water upon completion____

Section	2	
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PRINCIPAL WATER-BEARING STRATA

No.	Depth in Feet From To		Thickness in Feet	Description of Water-Bearing Formation
1			anoa	RECEIVED
2				MAY 2 8 1970
3				
4				D. C. C.
5				ARTESIA, UPTIC

Section 3	3			RECOF	ND OF CAS	SING		
Dia in.	Pounds ft.	Threads in	Depth			Chan	Perforations	
			Тор	Bottom	. Feet	Type Shoe -	From	То
40*	114	8	0	1328	1326	Guide		····
<u></u>				_				

Section 4			RECORD OF MUDDING AND CEMENTING				
Depth in Feet		Diameter	Tons	No. Sacks of	Methods Used		
From	To	Hole in in.	Clay	Cement			
		-			Circulated		
·		-	d.				

PLUGGING RECORD Section 5 License No. Name of Plugging Contractor. Street and Number_____ City_____ State____ ___Type of roughage____ Date Plugged..... .19_ Plugging method used.... Cement Plugs were placed as follows: Plugging approved by: Depth of Plug No. No. of Sacks Used From То Basin Supervisor FOR USE OF STATE ENGINEER ONLY STATE ENGINEER OFFICE Date Received 75:8 開 **TI AAA** 1961pt File No. 0.2.Ch-116 Location No. 10. 25. 26. 433 0:1

Use_