

NEW MEXICO STATE LAND OFFICE  
SANTA FE, NEW MEXICO

DEPARTMENT OF THE STATE GEOLOGIST  
NEW MEXICO SCHOOL OF MINES  
Socorro, New Mexico

OPERATOR'S MONTHLY REPORT OF OPERATIONS

This form must be filled out for all drilling and oil-producing wells and filed with the State Geologist before the 10th of the succeeding month as a regular monthly report, regardless of the status of operations. A separate form is required for each lease. Submit in duplicate.

Roswell...N. Mex., Dec-1-1929. 19....

Mr.....C. G. STALEY.....  
State Geologist,  
Socorro, N. Mex.

Dear Sir:

The following is a correct report of drilling and oil producing wells for the month indicated.

If on state land the lease No. is.....<sup>711</sup>, Assignment No. is.....

If on patented land the owner is....., Address.....

Month of...NOVEMBER 1929..... 19....

1/4	Sec.	Twp.	R.	Well No.	If Drilling			Pump Depth	Barrels Of Oil	Gravity Of Oil	Barrels Of Water	Barrels Emulsion	Days Well Produced	Remarks: If Shut Down, State Cause
					Days Operated	Progress For Month	Depth End Of Month							
NW 1/4 SE 1/4	21	17S 29E	1	26	335	2535								
					Cemented 8 1/2 at 2134 feet									
					Cemented 3-5/8 at 2436									
					Approximately Two million feet of gas between six and Eight inch pipe - Bredsen headed - rocked up 700 pounds - awaiting permission to connect with Pecos Valley Gas Company line.									

The production during the month was disposed of as follows:

Pipe line runs\*.....barrels  
Local sales .....barrels  
Gasoline plant .....barrels  
.....barrels  
Total .....barrels  
\*Pipe line company .....

Sincerely yours,

LEONARD & LEVERS

COMPANY OR OPERATOR.

By ... *Henry Leonard* .....  
Position .....  
Address .....

INDEPENDENT OF THE STATE OF TEXAS

OPERATOR'S MONTHLY REPORT OF OPERATIONS

This form must be filled out by the operator of the well and filed with the State Geologist before the 15th day of the month following the month in which the operations were conducted. It should be filled out for each well in the State.

IN THE

STATE OF TEXAS

COUNTY OF

WELL NO.

DATE

TIME

BY

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

E-MAIL

TELETYPE

RADIO

TELEVISION

INTERNET

OTHER

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