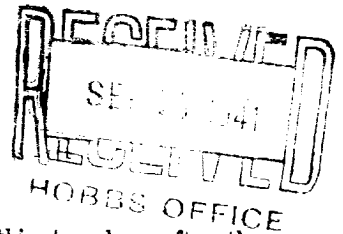


NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico



DUPLICATE

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	X	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			

Midland, Texas

9-13-41

OIL CONSERVATION COMMISSION
Santa Fe, New Mexico.

Place

Date

Gentlemen:

Following is a report on the work done and the results obtained under the heading noted above at the

The Texas Co's W.J. Rutledge, Jr. State "O" Well No. 3 in the

Company or Operator

Lease

NW 1/4 of Sec. 16, T. 17-S, R. 32-E, N. M. P. M.,

Maljamar Field, lea County

The dates of this work were as follows: See below

Notice of intention to do the work was (~~made~~) submitted on Form C-102 on 8-10-41 19____ and approval of the proposed plan was (~~made~~) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

T. D. 3690' - Sand.

Well was shot with 80 qts of Liquid Nitroglycerine from 3665 to 3690.
Shot was tamped with gravel & hole loaded with oil.

Well was cleaned out to 3685.

Witnessed by _____
Name _____ Company _____ Title _____

Subscribed and sworn to before me this _____

13 day of September, 19 41

Notary Public

My Commission expires 6-1-43

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

Name [Signature]

Position District Superintendent

Representing The Texas Company

Company or Operator

Address Box 1270, Midland, Texas

Remarks:

NMOCC (3)

W.J.R. (1)

[Signature]
Name _____
Title _____

Title