

Form C-102
DUPLICATE

OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Miscellaneous Reports on Wells

RECEIVED
APR 16 1951
OIL CONSERVATION COMMISSION
HOBBS-OFFICE

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	X	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			

April 13, 1951
Date

Mohammet, New Mexico
Place

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

Amerada Petroleum Corporation State **8 NM** Well No. **3** in the
Company or Operator Lease

C/SW/4 NE/4 of Sec. **3**, T. **15-S**, R. **33-E**, N. M. P. M.,
Saunders Field **Lee** County.

The dates of this work were as follows: **April 13, 1951**

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

Spudded 17-1/4" hole at 3:00 A.M., April 13, 1951.

Witnessed by **C. E. Tolga** Name **Amerada Petroleum Corporation** Company **Foreman** Title

Subscribed and sworn before me this

13th day of **April**, 19**51**

Notary Public

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

Name **Dr. Topp**

Position **Assistant District Superintendent**

Representing **Amerada Petroleum Corporation**
Company or Operator

My commission expires **10-11-54**

Address **Drawer D, Mohammet, New Mexico**

Remarks:

APPROVED

Date **APR 16 1951**

Reg. Yucheng
Name
Oil & Gas Inspector
Title