NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELLS

Submit this report in TRIPLICATE to the District Office, Oil Conservation Commission, within 10 days after the work specified is completed. It should be signed and filed as a report on Beginning Drilling Operations, Results of test of casing shut-off, result of plugging of well, result of well repair, and other important operations, even though the work was witnessed by an agent of the Commission. See additional instructions in the Rules and Regulations of the Commission.

result of well repair, and other in instructions in the Rules and Regu	nportant ope ulations of th	rations, even though the work was e Commission.	witnessed by an agent	of the Commission. See a	ıdditiona
		Indicate Nature of Report by Che	cking Below		
REPORT ON BEGINNING DRILLING OPERATIONS	x	REPORT ON RESULT OF TE OF CASING SHUT-OFF		T ON RING WELL	
REPORT ON RESULT OF PLUGGING WELL		REPORT ON RECOMPLETION REPORT (Other		ORT ON	
			1		
		January 30, 1	953 Hone	ment, New Mexico	
		(Date)		(Place)	***************************************
Following is a report on the	work done	and the results obtained under the	heading noted above at	the	
Amerada Patraleum C	lan	State ShIn			
(Company	WIII		base)	•••••	
Rewan Drilling Co.	Inc.	, Well No	in the	SE/ 1/4 SW //4 of Sec	
Т, К, NМРМ.,		Saunders P	ool,	2/4 <u>4</u>	County.
The Dates of this work were as folor	ws:	January 28, 1953			
Notice of intention to do the work	(was	not) submitted on Form C-102 on	(Cross out incor	rect words)	, 19
and approval of the proposed plan	(was	not) obtained.			
DE	ETAILED A	CCOUNT OF WORK DONE AN	D RESULTS OBTAIN	ŒD	
				· 	
		Spudded 17-1/2* He	10 0 6 AM, 1/2	8/53 -	
Witnessed by A. J. Troop		Amerada Petroleum	Carmoretion	Farm Boss -	
Witnessed by A. J. 1700p (Na)	me)	(Company)	on her gards	(Title)	
Approved: OIL CONSERVATION		I hereby certify that the information given above is true and complete to the best of my knowledge.			
Mar annhe	6	A			
1 My Well (No	•••••••••••••••••••••••••••••••••••••••	Name Assistant District Superintendent			
1 Y	/	Position			

(Date)