File the original and 4 copies with	SERVATION COMMISSION Form C-110 NEW MEXICO Revised 7/1/55
File the original and 4 copies with	th the appropriate district office)
CERTIFICATE OF COMPL	ANCE AND AUTHORIZATION AND NATURAL GAS 7: 52
Company or Operator Austral Oil Explorati	on Company Incorporated se State
Well No. 2 Unit Letter Q S 1	
County Lea Kind of Lea	se (State, Fed. or Patented) State
If well produces oil or condensate, give lo	cation of tanks. Init R S 1 T 165 p 257
Authorized Transporter of Oil or Condensa	te Texas New Mexico Pipe Line Company
Address Box 1510, Midland, Texas	
(Give address to which approve	ed copy of this form is to be sent)
Authorized Transporter of Gas Address	
(Give address to which approve	ed copy of this form is to be sent)
and a solution of the solution	llso explain its present disposition
Gas is being vented. There is no g	as gathering system in our area of the
field at present.	
Reasons for Filing: Please check proper bo	x) New Well
Change in Transporter of (Check One): Oil	() Dry Gas () C'head () Condensate ()
Change in Ownership) Other
Remarks:	Give explanation below)
The undersigned certifies that the Rules and mission have been complied with.	Regulations of the Oil Conservation Com-
Executed this the 16th day of November	_19_56
	By J. H. Solomon . N. Solomon
ApprovedNOV 231956 19	Title Chief Production Clerk
OIL CONSERVATION COMMISSION	Company Austral Oil Exploration Co. Inc
By Z. Fischer	Address 300 San Jacinto Building
TitleEngineer District I	Houston 2, Texas

Form	C -	10	3
(Revise	ed	3-5	55)

NEW MEXICO OIL CONSERVATION COMMISSION MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Austral Cil Exploration	(Address)					
LEASE State WELI	LNO. 🗝	UNIT	• •				_
DATE WORK PERFORMED 9-20-5		_ ^{UNIT} _ POOL				166	R 358
			2070	send-i	olice		
This is a Report of: (Check approp	riate block)	Resu	lts of	Test	of Co.	ing Shut
					rest	or Cas	ing Shut
Beginning Drilling Operati	ons	L	Reme	dial V	Work		
Plugging			Other				
Detailed account of work does						·····	
Detailed account of work done, natu							ilts obta
Set 336' 13 3/8" committed v. Fing down at 11:55 AM, 9-20		na or 61 Si Sen	gel o	ment.		AON ULB	
Tested with 1500f pressure.	Meld O.K.					S	SBCCH
							3 8 (
							OFFICE 000
							10
						15	
						P.)	333
						~~~	
ILL IN BELOW FOR REMEDIAL W	ORK REPO	DRTS OF	NLY	,		· · · · · · · · · · · · · · · · · · ·	
TILL IN BELOW FOR REMEDIAL W Driginal Well Data:	ORK REPO	DRTS OI	NLY	<del></del>			
DF Elev TD PBD		DRTS Of	NLY		ompl	Date	
DF Elev TD PBD DF Elev TD PBD Dng. Dia Tbng Depth		od. Int.	<u>NLY</u>		_	Date_	•** •
PF Elev TD PBD Drg. Dia Tbng Depth Perf Interval (s)	Pro	od. Int.	<u>NLY</u>		_	Date_ g Dept	h
DF Elev TD PBD DF Elev TD PBD Dong. Dia Tbng Depth Perf Interval (s)	Pro	od. Int. ng Dia			_		h
DF Elev. TD PBD Dia Tbng Depth erf Interval (s) pen Hole Interval Pr	ProOil Stri	od. Int. ng Dia	(s)	Oil	Strin		h
OF Elev.  TD  PBD    OF Elev.  TD  PBD    'bng. Dia  Tbng Depth    'erf Interval (s)     'pen Hole Interval  Pr    ESULTS OF WORKOVER:	ProOil Stri	od. Int. ng Dia	(s)		Strin		
OF Elev.  TD  PBD    'bng. Dia  Tbng Depth    'erf Interval (s)    'pen Hole Interval  Pr    ESULTS OF WORKOVER:    ate of Test	ProOil Stri	od. Int. ng Dia	(s)	Oil	Strin	g Dept	
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