### OFFICE OF THE STATE GEOLOG.

SANTA FE, NEW MEXICO

## MISCELLANEOUS REPORTS ON WELLS

Submit this report in duplicate to the State Geologist or proper Oil and Gas Inspector 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 water shut-off, result of abandonment of well, and other important operations, even though the work was witnessed by the State Geologist or Oil and Gas Inspector. Reports on minor operations need not be signed and sworn to before a notary public, but such operations should be witnessed by an Oil and Gas inspector if possible.

Indicate nature of r	1	
REPORT ON BEGINNING DRIRLLING OPERATIONS	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF SHOOTING WELL	REPORT ON PULLING OR OTHERW	ISE
REPORT ON RESULT OF TEST OF WATER SHUT-OFF	REPORT ON REPAIRING WELL	
REPORT ON RESULT OF ABANDONMENT OF WELL		
	Hobbs N.M. 8-3-35	
Mr State Geologi Santa Fe, N. Mex.		
Following is a report on the work done and the	he results obtained under the heading State B-13 Well No.	ng noted above at
Company or Operator of Sec.	T18S	
Hobbs Oil Field,	8-2-35	County.
The dates of this work were as follows:		101 on
	the proposed plan was (was hos)	
rilling operations on the above we	11 State B-13 # 2 were o	ommensed on
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ugust 2nd, 1935, 270' of hole was	drilled on this date. Co	ent ractor
ugust 2nd, 1935, 270° of hole was .F. Moran.	I hereby swear or affirm that given above is true and correct.  Name	ent ractor
Subscribed and sworn to before me this	I hereby swear or affirm that given above is true and correct.  Name Position  District Supt.	ont ractor
Subscribed and sworn to before me this day of	I hereby swear or affirm that given above is true and correct.  Name Position Representing Company or Operator	t the information
day of	I hereby swear or affirm that given above is true and correct.  Name Position Representing  Continental	t the information
Subscribed and sworn to before me this day of	I hereby swear or affirm that given above is true and correct.  Name Position Representing Company or Operator	t the information

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