

NEW MEXICO STATE LAND OFFICE
OFFICE OF THE STATE GEOLOGIST
 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 report by checking below:

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON DEEPENING WELL	
REPORT ON RESULT OF SHOOTING WELL	✓	REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF WATER SHUT-OFF		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF ABANDONMENT OF WELL			

Mr. W. E. Wells State Geologist,
 Santa Fe, N. Mex.

Place

Date

Following is a report on the work done and the results obtained under the heading noted above at the Mohr and Co State Co Well No. 3 in the

Company or Operator

of Sec. 28, T. 38, R. 37 N. M. P. M.,
Hoff Oil Field, _____ County.

The dates of this work were as follows: March 29 - 1935

Notice of intention to do the work was (was not) submitted on Form SG _____ on _____ 19____, and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

March 29 - 1935 Pumped 2000 Gal 60-40
Accid left set 24 hrs
Swabbed in March 30 Test 130 BBLS
Through 2 1/2 in. tubing One hr 3 M - Gas
This well produced 95 BBLS Natural
One hr through tubing

ORIGINAL

Subscribed and sworn to before me this

_____ day of _____, 19____

Notary Public

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

Name P. J. Hoff

Position Gen. Mgr.

Representing Mohr and Co
 Company or Operator

Address Box 154 Hobbs

My Commission expires _____

Remarks:

APPROVED AS O. K.

BY [Signature]

Name

Title