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 DRIRLLING OPERATIONS REPORT ON DEEPENING WELL REPORT ON PULLING OR OTHERWISE ALTERING CASING REPORT ON RESULT OF SHOOTING WELL REPORT ON RESULT OF TEST OF WATER SHUT-OFF x REPORT ON REPAIRING WELL REPORT ON RESULT OF ABANDONMENT OF WELL Hobbs N.M. E. H. Wel la Place Date Mr_{-} State Geologist, Santa Fe, N. Mex. Following is a report on the work done and the results obtained under the heading noted above at the. -Well No.... Company of Operator of Sec. N. M. P. M., Hob be Oil Field, _ County. The dates of this work were as follows: Notice of intention to do the work was (sumbitted on Form SG. 103 19____, and approval of the proposed plan was (bashed) obtained. (Cross out incorrect words.) DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED G_imes # 3 Well, 5-1/2" casing set at 4015' and cemented with 300 sacks cement on 4-18-35, On April 25th, pipe was tested with 1200# Pressure before drilling plug for 30 Mins, casing OK, and tested with 1200# Pressure after drilling plug for 30 Mins pipe Ok. Cement Job OK. Tests witnessed by Captain Oil Co. Representative. Subscribed and sworn to before me this I hereby swear or affirm that the information given above is true and correct. $,19_{-}$ Name Position. Continental Notary Public Representing P.O. Company or Operator P.O. Box CC Hob bs N.M. My Commission expires. Address Remarks: Name Title

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