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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.

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 Ardmore. Okla. April 20. 1935 Place E. H. Wells 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 J.P.Cusack, Inc. Moon

Well No. 1 in the -Well No____in the Company or Operator 28ase NBA 38E 185 _of Sec_ .., R. N. M. P. M., Hobbs Lea Oil Field, County. Dec. 31, The dates of this work were as follows:_ 1934 Notice of intention to do the work was (was not) sumbitted on Form SG. 103 __, and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.) DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED Set 259 ft. of $12\frac{1}{2}$ " 50# pipe: Cemented with 150 sacks of cement. Let cement set for 48 hrs. Drilled plug, bailed hole dry: let stand 5 hours: Made bailing test for water-shut-off. Shut-off ok. DUPLICA Subscribed and sworn to before me this I hereby swear or affirm that the information given above is true and correct. 20th day of April Name Position. P. Musack. Inc. Notary Public Representing Company or Operator Box 957, Ardmore, Oklahoma My Commission expires. Address Remarks:

Name

Title

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