#### NEW MEXICO STATE LAND OFFICE

# OFFICE OF THE STATE GEOLG SIST

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.

and sworn to before a notary public, but such operations should be witnessed by an Oil and Gas Indicate nature of report by checking below: X REPORT ON BEGINNING DRIELLING 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 REPORT ON REPAIRING WELL REPORT ON RESULT OF ABANDONMENT OF WELL Oklahoma. Ardmore Place Date E. H. Wells State Geologist. Santa Fe, N. Mex. Following is a report on the work done and the results obtained under the heading noted above at J.P. Cusack Inc. \_Well No\_\_ Company or Operator **28**se . T. 185 of Sec. . R. N. M. P. M., Hobbs Lea Oil Field, . County. Dec. 24. .934 The dates of this work were as follows: Notice of intention to do the work was (was not) sumbitted on Form SG 101 on ec. 21 19 34, and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.) DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED Rigged up: Set.surface pipe: Started Brilling. Subscribed and sworn to before me this I hereby swear or affirm that the information given above is true and correct. 20tt day of Name<sub>2</sub> Position. Cusack Notary Public Representing. Company or Operator Bov. Address Box 957, Ardmore, Okla. My Commission expires. Remarks: Name Title

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