

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		Report of Acid Treatment.	X

Hobbs N.M.

7-9-35

Place

Date

Mr. 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 the Continental Oil Co. State A-29 Well No. 1 in the

Company Operator of Sec. 29^{so}, T. 18S, R. 38E N. M. P. M.,
Hobbs Oil Field, Lea County.

The dates of this work were as follows: 6-20-35

Notice of intention to do the work was (~~XXXXX~~) submitted on Form SG 105 on 6-20-35 1935, and approval of the proposed plan was (~~was not~~) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

State A-29 # 1 Treated 6-20-35 with 1000 gallons of Dowell XX

Acid, using 61 bbls oil load, ~~fixing pressure~~ Tubing Pressure

Maximum 1250# Minimum Vacuum, all acid went in formation under Vacuum.

Gas-Oil Ratio before Treatment 5368-1.

Gas-oil Ratio after Treatment 8279-1.

Subscribed and sworn to before me this

_____ day of _____, 19____

Notary Public

My Commission expires _____

Remarks:

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

Name District Supt.

Position Continental Oil Co.

Representing _____

Address P.O. Box 66 Hobbs N.M.

Name

Title

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