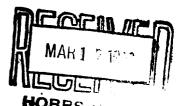
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OIL CONSERVATION COMMISSION

Santa Fe, New Mexico



Sumbit this report in triplicate to the Oil Conservation Commission or its proper agent 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 casing shut off, result of plugging of well, and other important operations, even though the work was witnessed by an agent of the Commission. Reports on minor operations need not be signed and sworn to before a notary public. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of report by checking below. REPORT ON BEGINNING DRILLING OPERA-TIONS REPORT ON REPAIRING WELL REPORT ON RESULT OF SHOOTING OR CHEM-REPORT ON PULLING OR OTHERWISE ICAL TREATMENT OF WELL ALTERING CASING REPORT ON RESULT OF TEST OF CASING SHUT-OFF REPORT ON DEEPENING WELL REPORT ON RESULT OF PLUGGING OF WELL Report on Setting Casing March 16. 1947 Conument, New Mexico Date Place OIL CONSERVATION COMMISSION. SANTA FE, NEW MEXICO. Gentlemen · Following is a report on the work done and the results obtained under the heading noted above at the____ Amerada Petroleum Corporation Well No.____6____ Company or Operator Lease NE NW of Sec. ____, N. M. P. M., Bowers Field, _____ Lea The dates of this work were as follows: Lerch 15, 19/7 Notice of intention to do the work was (was not) submitted on Form C-102 on Harch 15, 19 47 and approval of the proposed plan was (was not obtained. (Cross out incorrect words.) DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED 3145' Total Depth Ran 99 jts 52" OD 14#, H-40, R-3, 8 RT National Tube Seamless Steel Casing and set at 3145' and cement with 550 sacks Atlas Common and 75 Sacks Trinity High Early Strength Cement and plug pumped to 3091' at 2;30PM March 15, 1947, final pressure 900#. Witnessed by D. F. Furse Name Company I hereby swear or affirm that the information given above Subscribed and sworn before me this is true and correct. March _______ 19<u>______</u> Name . Position _ Asst. Dist. Supt Notary Public Representing _____ Fet_ Company or Operator My Commission Expressible 1 : My commission expires. Address Drawer D. Monucent. Remarks: