

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	<input checked="" type="checkbox"/>	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			

**Hobbs, New Mexico**

**May 12, 1934**

Mr. **E. E. 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 **Gray Oil Company's** **West Orange** Well No. **(3)** in the

**SW 34** COMPANY OR OPERATOR **30** of Sec. **30**, T. **20S** LEASE **30S**, R. **30S**, N. M. P. M., **Hobbs** Oil Field, **Lin** County.

The dates of this work were as follows: **Spudded surface hole 9 A. M. May 9, 1934**

Notice of intention to do the work was **(submitted)** submitted on Form SG **200** on **April 20,**, 19 **34**, and approval of the proposed plan was **(was not)** obtained. (Cross out incorrect words.)

## DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

**Started spudding 17" surface hole May 9, 1934.**

DUPLICATE

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 **E. E. Wells**

Position **District Superintendent**

Representing **GRAY OIL COMPANY**

Address **Hobbs, New Mexico**

COMPANY OR OPERATOR.

MAY 17 1934

APPROVED AND

NAME

TITLE

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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(3)

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1. Administrative  
 2. Financial  
 3. Legal  
 4. Medical  
 5. Other