

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELL

Submit 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-offs, 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 OPERATIONS		REPORT ON REPAIRING WELL
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL		REPORT ON PULLING OR OTHERWISE ALTERING CASING
REPORT ON RESULT OF TEST OF CASING SHUT-OFF	<input checked="" type="checkbox"/>	REPORT ON DEEPENING WELL
REPORT ON RESULT OF PLUGGING OF WELL		

Midland, Texas

April 15, 1939

Place

Date

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

The Texas Company State of New Mexico "S" Well No. 2 in the SW 1/4 SW 1/4

Company or Operator

Lease

of Sec. 35, T. 17 S, R. 34 E, N. M. P. M.,

Vacuum Field, Lea County

The dates of this work were as follows:

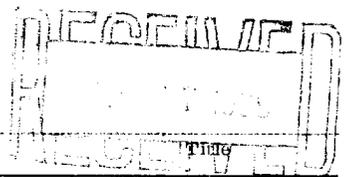
Notice of intention to do the work was (was not) submitted on Form C-102 on 19 and approval of the proposed plan was (was not) obtained. (Cross out incorrect words)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

T. D. 4290' Line.

Set and cemented 4214' of 5 1/2" 17# Seamless casing at 4225' With 200 sacks Lone Star Cement. Completed cementing at 7:30 P.M. 4-9-39.

Drilled plug @ 11:20 A.M. 4-12-39. Tested before and after with 1000#. Tested O.K.



Witnessed by Name Company Title

Subscribed and sworn to before me this 15th I hereby swear or affirm that the information given above is true and correct.

day of April, 19 39 Name

Position District Superintendent

Representing The Texas Company Company or Operator

My Commission expires 6-1-39 Address Box 1270, Midland, Texas

Remarks:

Signature

Name

Title