## NEW MEXICO STATE LAND OFFICE

SANTA FE, NEW MEXICO

Haden .

## DEPARTMENT OF THE STATE GEOLOGIST

## OPERATOR'S MONTHLY REPORT OF OPERATIONS

This form must be filled out for all drilling and oil-producing wells and filed with the State Geologist before the 10th of the succeeding month as a regular monthly report, regardless of the status of operations. A separate form is required for each lease. Submit in duplicate.

|  | E. H. Wells                      |             |         |             |                  |                       | Artesia N. M.         |               |                   |                     |                     |                     | 7-20                  | 10 <b>31</b>    |             |  |  |
|--|----------------------------------|-------------|---------|-------------|------------------|-----------------------|-----------------------|---------------|-------------------|---------------------|---------------------|---------------------|-----------------------|-----------------|-------------|--|--|
|  |                                  |             | e Geol  |             | •                |                       |                       |               |                   |                     |                     |                     |                       |                 |             |  |  |
|  |                                  |             | Santa   | Fe, N       | lew Me           | xico.                 |                       |               |                   |                     |                     |                     |                       |                 |             |  |  |
|  | $\mathbf{D}_{0}$                 | ear Si      | r:      |             |                  |                       |                       |               |                   |                     |                     |                     |                       |                 |             |  |  |
|  |                                  | The         | follow  | ing is      | a corre          | ect repor             | t of drilli           | ing and o     | il produc         | ing wells           | for the m           | onth :              | indicate              | d:              |             |  |  |
|  |                                  | If o        | n state | land        | the lea          | se No. is.            | A-2                   | 21.31         | <b>A</b> 6        | signment :          | Ma ia               |                     |                       |                 |             |  |  |
|  |                                  |             |         |             |                  |                       |                       |               |                   |                     |                     |                     |                       |                 |             |  |  |
|  | If on patented land the owner is |             |         |             |                  |                       |                       |               |                   | , Address           |                     |                     |                       |                 |             |  |  |
|  | Month of                         |             |         |             |                  |                       |                       |               |                   | June                |                     |                     |                       | , 193_ <b>1</b> | , 193       |  |  |
|  |                                  | IF DRILLING |         |             |                  |                       |                       |               |                   |                     |                     |                     |                       |                 |             |  |  |
| •  |                                  | Twp.        |         | ell         | Days<br>Operated | Progress<br>For Month | Depth End<br>of Month | Pump<br>Depth | Barrels<br>of Oil | Gravity<br>of Oil   | Barrels<br>of Water | Barrels<br>Emulsion | Days Well<br>Froduced |                 | MARKS:      |  |  |
| _*   | Sec                              | 🛱           | Pr.     | Well<br>No. | <u> A ö</u>      | 무 없                   | ដ្ឋ                   | <u> </u>      | of Ba             | <u> </u>            | of of               | E E                 | <u>G</u> 7            |                 |             |  |  |
| NENE   |                                  |             | 328     | 1           | 30               | 11.85                 | 3010                  |               |                   |                     |                     |                     |                       |                 |             |  |  |
| JUL 3  | o Ri                             | C'D         |         |             |                  |                       |                       |               |                   |                     |                     |                     |                       |                 |             |  |  |
| The production during the month was disposed of as fol |                                  |             |         |             |                  |                       |                       |               |                   | Sincerely yours,    |                     |                     |                       |                 |             |  |  |
|  | Loc                              | Local sales |         |             |                  |                       |                       | one barrels   |                   |                     | Western Drilling &  |                     |                       |                 | ) <b>.</b>  |  |  |
|  | Ga                               | soline      | plant   |             |                  | N                     | Mone                  |               |                   | ву                  |                     |                     | Sh.                   | LUI             |             |  |  |
|  |                                  |             |         |             |                  |                       |                       | ba            | rrels             |                     |                     |                     |                       | Company o       | r Operator. |  |  |
| $\Rightarrow$  | Totalba                          |             |         |             |                  |                       |                       |               |                   | Position Secretary  |                     |                     |                       |                 |             |  |  |
| `  | *Pipe line company               |             |         |             |                  |                       |                       |               | <del></del>       | Address Artesia, N. |                     |                     |                       | V. М.           |             |  |  |