

NEW MEXICO STATE LAND OFFICE
SANTA FE, NEW MEXICO

DEPARTMENT OF THE STATE GEOLOGIST
NOTICE OF INTENTION TO TEST WATER SHUT-OFF

Notice must be given to the State Geologist or to the proper Oil and Gas Inspector at least five days before the test. It is desirable that a representative of the Department of the State Geologist witness the water shut-off before drilling into the productive sand whenever possible. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to sender. Submit this notice in triplicate.

Hobbs, N. Mex., August 19th, 19 35

Mr E.H. Wells

State Geologist,
Santa Fe, New Mexico.

Dear Sir:

You are hereby notified that we intend to test the shut-off of water in Harvey Culp Lease
Well No 1 in NW/4 of Sec. 19, T. 19s, R. 36e.
N. M. P. M., Monument Oil Field Len. County,
on August 20 19 35 13" in 50# lb. casing was cemented } in Red Bed.
formation at a depth of 241' feet on August 18th }
225 sacks of Trinity cement were used.

The method used in placing the cement was as follows:

Fluid level will be bailed to a depth of Bottom feet and left undisturbed for at least 12 hours before your inspection.

Adjacent property owners have been notified as follows: _____

Additional information: _____

Approved _____ 19 _____

Except as follows:

Sincerely yours,

Company or Operator.

By E.C. Cummings

Position District Superintendent

Send communication regarding well to

Name E.C. Cummings.

Address Hobbs, New Mexico.

F.J. Wells
State Geologist or Oil and Gas Inspector.

DUPLICATE

AUG 20 1935

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It is requested that a representative of the Department of the Interior be present at the meeting. It is also requested that a representative of the Department of the Interior be present at the meeting. It is also requested that a representative of the Department of the Interior be present at the meeting.

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The results of the testing the company was as follows:

revised 10/10/04

Address: _____
Name: _____
Date: _____
Position: _____
Topic: _____
Page: _____

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