FORM C-103

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELLS

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-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 OPERATIONS		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL	X	REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF		REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Monument, 7-27-36

Place Date

OIL CONSERVATION COMMISSION,
Santa Fe, New Mexico.

Gentlemen: THE OHIO OIL COMPANY, BERTHA BARBER 1

Following is a report on the work done and the results obtained under the heading noted above at the SW¼ SW¼ 32 19 S. 37 E. Well No. in the

Monument Company or Operator Lea

of Sec., T., R., N. M. P. M.,

Field, XXXXX 7-21 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

Ran 1183 feet of 9-5/8", 40# Casing and cemented w/500 sacks oilwell cement - allowed to stand, then put 1000# pressure on casing for 30 min. - drilled plug tested w/1000# pressure for 1 hours, tested O. K.

HOWARD SMITH

DUPLICATE

Witnessed by
Name Company Title

Subscribed and sworn to before me this 27th day of July, 1936

R M Benson
Notary Public

My Commission expires

I hereby swear or affirm that the information given above is true and correct.

Name Supt.

Position THE OHIO OIL COMPANY,

Representing Box 00, HOBBS, NEW MEXICO.
Company or Operator

Address

Remarks:

APPROVED
By
Name
Title

ICR