NEW M. .ICO OIL CONSERVATION COMM ION

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.

In					
REPORT ON BEGINNING DRILLING OF	PERATIONS	REPORT ON 1	REPAIRING W	ELL	
REPORT ON RESULT OF SHOOTING OR TREATMENT OF WELL	CHEMICAL	REPORT ON P	PULLING OR O'	THERWISE	
REPORT ON RESULT OF TEST OF CASI SHUT-OFF	NG 9 5/8			ELL	
REPORT ON RESULT OF PLUGGING OF					
	Hobbs	New Mexico Ma	rch 8th 19		<u>i</u>
OIL CONSERVATION COMMISSION,	•	Place		Date	
ANTA FE, NEW MEXICO.					
Fentlemen:					
ollowing is a report on the work done oulf Oil Corpn - Gypsy Divn	e and the results of W. E. Hatch	otained under the he			
Company or Operator		Lease	Well	No#2	in the
V/4 onument	f Sec. 33	, _{T.} 198	, R 37	E	N. M. P. M.
F	rield, Lea				County.
he dates of this work were as follows:	: Comented Ma	rch 5th 1937 -	Tested Ma	rch 7th 19	937
otice of intention to do the work was	[was/not] submitt	ed on Form C-102 or	March	6th	19_ 37
DETAILED ACCO to hole was washed down the plug drilled and the hole th tests were OK and after	UNT OF WORK casing tested tested with	DONE AND RES	SULTS OBT	lied for	
DETAILED ACCO	UNT OF WORK casing tested tested with	DONE AND RES	SULTS OBT	lied for	
DETAILED ACCO no hole was washed down the no plug drilled and the hole oth tests were OK and after	UNT OF WORK casing tested tested with	DONE AND RES	SULTS OBT	lied for	
DETAILED ACCO	UNT OF WORK casing tested tested with	DONE AND RESERVED TO THE STATE OF THE STATE	SULTS OBT	lied for	or, prepa
DETAILED ACCO	UNT OF WORK casing tested e tested with approval of M	DONE AND RES	SULTS OBT	lied for tor to 30 mins s inspecto	or, prepar
DETAILED ACCO	UNT OF WORK casing tested tested with	DONE AND RESERVED TO THE STATE OF THE STATE	SULTS OBT	lied for to so so inspectors Sub-Forem	or, prepar
DETAILED ACCO	UNT OF WORK casing tested tested with approval of M	DONE AND RES	SULTS OBT essure app applied f	lied for a cor 30 mins s inspector of the core of the	en.
DETAILED ACCO	UNT OF WORK casing tested e tested with approval of M	Culf Loffland Bros Company I hereby swear or af	SULTS OBT essure app applied f o Oil & Ga firm that the	lied for a cor 30 mins inspector of the cor 30 mins in spector of the correction of	nan.
DETAILED ACCO	UNT OF WORK casing tested e tested with approval of M	Culf Loffland Bros Company I hereby swear or af is true and correct. Name	SULTS OBT essure app applied f o Oil & Ga firm that the	lied for a cor 30 mins inspector of the cor 30 mins in spector of the correction of	en.
DETAILED ACCO	UNT OF WORK casing tested tested with approval of M	Gulf Loffland Bros Company I hereby swear or af is true and correct. Name Districe	SULTS OBT essure app applied f oli & Ga firm that the	lied for 30 mins inspectors inspector 30 mins inspectors inspectors information information	en.
DETAILED ACCO	VNT OF WORK casing tested tested with approval of M Name 19 19 19 19 19 19 19 19 19 19 19 19 19	Culf Loffland Bros Company I hereby swear or af is true and correct. Name Distric Representing ulf 0	SULTS OBT essure app applied f oli & Ga firm that the t Supt.	Sub-Forem Tool push information	en.
DETAILED ACCO	VNT OF WORK casing tested tested with approval of M Name 19 19 19 19 19 19 19 19 19 19 19 19 19	Gulf Loffland Bros Company I hereby swear or af is true and correct. Name Districe Representing Fulf O	SULTS OBT essure app applied f oli & Ga firm that the t Supt.	Sub-Forem Tool push information	en.
DETAILED ACCO	VNT OF WORK casing tested tested with approval of M Name 19 19 19 19 19 19 19 19 19 19 19 19 19	Culf Loffland Bros Company I hereby swear or af is true and correct. Name Distric Representing ulf 0	SULTS OBT essure app applied f oli & Ga firm that the t Supt.	Sub-Forem Tool push information	en.

Title

10R