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. of the Commission.

Indicate na	sture of repo	rt by checking below:			
REPORT ON BEGINNING DRILLING OPERATIO	NS	REPORT ON REPAIRI	NG WELL		
BEPORT ON RESULT OF SHOOTING OR CHEMIC. TREATMENT OF WELL	AL	REPORT ON PULLING ALTERING CASING	OR OTHERWISE		
REPORT ON RESULT OF TEST OF CASING SHUT-OFF	x	REPORT ON DEEPENI	NG WELL		
REPORT ON RESULT OF PLUGGING OF WELL					
	Hebb	s, New Mex.		i	
 		Place	Date		
OIL CONSERVATION COMMISSION, Santa Fe, New Mexico.					
Gentlemen:					
Following is a report on the work done and t	the results ob	tained under the heading	noted above at the_		
Shell Petroleum Corp	1	State B	Well No.	2 3/	
NW 1/4 NW 1/4 Operator of Sec.	36	19 es	36-E	IN the	
Monument Field.	Lea	, n.		N. M. P. M.,	
The dates of this work were as follows:	3-	18-36		County.	
Notice of intention to do the work was	T T 1	7 7		19	
and approval of the proposed plan was [was a	ontained.	(Cross out incorrect wo	ras.)		
DETAILED ACCOUNT	OF WORK	DONE AND RESULT	PS ORTAINED		
		DL	PLICAT	F	
J. L. Mantooth. Witnessed by					
Name		Company		Title	
Subscribed and sworn to before the this Aday of July, day of July, Notary Publication of Publication Publication Publication of Publication Publicat	19 3 6	I hereby swear or affirm that the information given above is true and correct Name Position Shell Petroleum Corporation Representing			
My Commission expires 10 - 5 9		Address Box P, Ho	Company or Operator	1-1-	
Remarks:		-	Fill Ill	Name	

Title

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