Notary Public.

NEW MEXICO STATE LAND OF SANTA FE, NEW MEXICO

DEPARTMENT OF THE STATE GEOLOGIST

NEW MEXICO SCHOOL OF MINES SOCORRO, NEW MEXICO

MISCELLANEOUS REPORTS ON WELLS

Reports should be made within ten days of completing the work indicated and should be submitted in duplicate.

INDICATE NATURE OF REPORT BY CHECKING

	SUPPLEMENTARY WELL HISTORY
REPORT ON RESULT OF TEST OF WATER SHUT-OFF	
REPORT ON RESULT OF ABANDONMENT	
Mr. R. L. Halley	Jobbs, N. Mex., Nov. 6, 19 29
State Geologist, Socorro, New Mexico.	
Dear Sir:	
Following is a report giving the results of wor	rk done as indicated above at
	10 , T. 198 , R. 38E
	Oil Field
The plan outlined on Form SG 106 was	
off had been made. Drilling ahead. De	nole dry. Found that successful water shut- play in making water shut-off test was due tools.
orilled out cement plugs and bailed !	elay in making water shut-off test was due
orilled out coment plugs and bailed had been made. Drilling ahead. De	I hereby swear or affirm that I have knowledge of the facts given above and that the same are true and correct.
orilled out coment plugs and bailed had been made. Drilling ahead. De	I hereby swear or affirm that I have knowledge of the facts given above and that the same are true and
off had been made. Drilling ahead. De to changing from rotary tools to cabi	I hereby swear or affirm that I have knowledge of the facts given above and that the same are true and correct. Name Position Representing the ideast Refiging Company
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Witnessed 19 STATE GEOLOGIST OR OIL AND GAS INSPECTOR. If results of Shooting,, Test of Water Shut-off or Abandonment were witnessed by an official repre-	I hereby swear or affirm that I have knowledge of the facts given above and that the same are true and correct. Name Position Representing Representing Address Address Address Name COMPANY OR OPERATOR.
Witnessed 19 STATE GEOLOGIST OR OIL AND GAS INSPECTOR. If results of Shooting,, Test of Water Shut-off or Abandonment were witnessed by an official representative of the State, the information given above	I hereby swear or affirm that I have knowledge of the facts given above and that the same are true and correct. Name Position Representing Representing
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