

N 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		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF	X	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Hobbs, New Mexico

Place

July 27, 1936

Date

OIL CONSERVATION COMMISSION,
Santa Fe, New Mexico.

Gentlemen:

Following is a report on the work done and the results obtained under the heading noted above at the _____

Shell Petroleum Corporation

State "Q"

Well No. **1** in the _____

Company or Operator

Lease

SW 1/4 of SW 1/4

of Sec. **16**, T. **20 S**, R. **37 E**, N. M. P. M.,

Monument

Field, **Lea** County.

The dates of this work were as follows: _____

7-27-36

Notice of intention to do the work was [~~xxxx~~] submitted on Form C-102 on **7-25** 19 **36**
and approval of the proposed plan was [~~xxxx~~] obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

The 9-5/8 inch casing and well head connections were tested with 1,000 lbs. pressure retained for 30 min. The plug was drilled & the WSO tested with 1,000 lbs. pressure retained for 30 min. Test approved

Witnessed by _____
Name Company Title

Subscribed and sworn to before me this **27**

day of **July**, 19 **36**

Patricia Mahoney
Notary Public

My Commission expires **12-24-39**

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

Name *[Signature]*

Position **District KING Engineer**

Representing **Shell Petroleum Corporation**
Company or Operator

Address **Drawer 1457 Hobbs, New Mexico**

Remarks:

[Signature]
Name
Title

NR

REPORT OF MEDICAL EXAMINATION

1. Name of Patient: _____
2. Date of Examination: _____
3. Place of Examination: _____
4. Name of Examiner: _____
5. Grade and Branch: _____
6. Duty Station: _____
7. Nature of Complaint: _____
8. History of Present Illness: _____
9. Past Medical History: _____
10. Family History: _____
11. Social History: _____
12. Physical Examination: _____
13. Laboratory and X-ray Findings: _____
14. Diagnosis: _____
15. Treatment: _____
16. Prognosis: _____
17. Comments: _____

Signature of Examiner: _____
Date: _____

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