NEV MEXICO OIL CONSERVATION CO MISSION

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 nature of report by checking below: REPORT ON REPAIRING WELL REPORT ON BEGINNING DRILLING OPERATIONS REPORT ON RESULT OF STOCKED CHEMICAL TREATMENT OF WELL REPORT ON PULLING OR OTHERWISE ALTERING CASING X REPORT ON RESULT OF TEST OF CASING SHUT-OFF REPORT ON DEEPENING WELL REPORT ON RESULT OF PLUGGING OF WELL Hobbs, New Mexico Place 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 State # 196 __Well No._____ in the Repollo Oil Company Company or Operator __of Sec. 32 W/2 SW/4 R. 37 S ____, N. M. P. M., Field. The dates of this work were as follows: Notice of intention to do the work was how submitted on Form C-102 on____ and approval of the proposed plan was [with not obtained. (Cross out incorrect words.) DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED Treated well W/ 3000 Gallon Dowell "XX" Acid Mar. 1st, by Dowell Inc., Midland, Mich. Production before treatment- none Depth treated - 3840 to 3861 Formation - Lime Production after treatment- Well Flowed 144 Bbl. oil 1st 24 hours. Trinity Drlg. Co. Rush Witnessed by Company Name I hereby swear or affirm that the information given above Subscribed and sworn before me this is true and correct. Sure Name __ Dist. Supt. a. Repollo 011 Co., Notary Public Representing _ Company or Operator Hobbs. N. M. My commission expires_ Address _ Remarks: Name

Title

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