

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELL

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-offs, 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	<input checked="" type="checkbox"/>	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Hobbs, N. M.

Oct. 17, 1939

OIL CONSERVATION COMMISSION,
Santa Fe, New Mexico.

Place

Date

Gentlemen:

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

Repollo Oil Co

State #157 "D"

Well No. **6** in the

COMPANY OR OPERATOR

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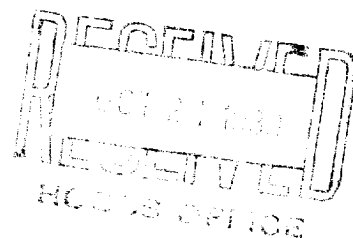
The dates of this work were as follows: **10/14/49**

Notice of intention to do the work was (~~was not~~) submitted on Form C-102 on **10/14/39** 19 and approval of the proposed plan was (~~was not~~) obtained. (Cross out incorrect words)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Tested 8 5/8" OD Casing set at a depth of 262 Ft. on Oct. 14th.

Tested w/ 500 Lb. Pump pressure with all valves closed for 30 minutes Oct. 16th. Tested satisfactory.



Witnessed by **Mr. Ralph Dougherty**

Rowan Drilling Co

Name

Company

Title

Subscribed and sworn to before me this

17th day of **Oct.**, 19 **39**

[Signature]

Notary Public

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

Name **F. Summit**

Position **Dist. Supt.**

Representing **Repollo Oil Co**

Company or Operator

My Commission expires **2-4-42**

Address **Hobbs, N.M.**

Remarks:

[Signature]
Name
Oil & Gas Inspector
Title

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

11/17/00