

NEW MEXICO STATE LAND OFFICE  
OFFICE OF THE STATE GEOLOGIST  
SANTA FE, NEW MEXICO

### MISCELLANEOUS REPORTS ON WELLS

Submit this report in duplicate to the State Geologist or proper Oil and Gas Inspector 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 water shut-off, result of abandonment of well, and other important operations, even though the work was witnessed by the State Geologist or Oil and Gas Inspector. Reports on minor operations need not be signed and sworn to before a notary public, but such operations should be witnessed by an Oil and Gas Inspector if possible.

Indicate nature of report by checking below:

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON DEEPENING WELL	
REPORT ON RESULT OF SHOOTING WELL		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF WATER SHUT-OFF	X	REPORT ON REPAIRING WELL	
REPORT ON RESULT OF ABANDONMENT OF WELL			

Mr. E. H. WELLS State Geologist, HOBBS, N. M. 5-23-1935  
Santa Fe, N. Mex. PLACE DATE

Following is a report on the work done and the results obtained under the heading noted above at the OHIO OIL COMPANY, STATE McDONALD Well No. 3 in the COMPANY OR OPERATOR LEASE  
NW 1/4 SE 1/4 of Sec. 16, T. 22, R. 36, N. M. P. M.,  
SOUTH EUNICE Oil Field, LEA County.

The dates of this work were as follows: 5-23-1935

Notice of intention to do the work was (was not) submitted on Form SG 103 on 5-26, 1935, and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.)

#### DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

TESTED CASING WITH 1200# PRESSURE FOR 20 MINUTES AND FOUND IT OK

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

NOTARY PUBLIC.

My commission expires \_\_\_\_\_

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

Name Alvin R. Cook

Position Supv

Representing THE OHIO OIL COMPANY

COMPANY OR OPERATOR.

Address P. O. BOX 00, HOBBS, N. M.

Remarks:

APPROVED BY J. J. Verity

NAME

TITLE

