

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

Hobbs, N. M.

3-4-36

Place

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 Devonian Oil Co. Christmas Well No. 1 in the
 Company or Operator NE₁ of NE₁ of Sec. 21, T. 22-S, R. 36-E, N. M. P. M.,
So Eunice Field, Lea County.

The dates of this work were as follows: Spudded 3-4-36

Notice of intention to do the work was (~~was not~~) submitted on Form C-102 on 2-23 19 36
 and approval of the proposed plan was (~~was not~~) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

DUPLICATE

Witnessed by _____ Name _____ Company _____ Title _____

Subscribed and sworn to before me this 2

day of June, 19 36

Notary Public

My Commission expires 10-24-38

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

Name [Signature]

Position District Engineer

Representing Shell Petroleum Corporation
 Company or Operator

Address Box P, Hobbs, N. M.

Remarks:

Name

Inspector

Title