

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	X	REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF WATER SHUT-OFF		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF ABANDONMENT OF WELL			

Hobbs, N. M. October 11, 1935

Place

Date

Mr. **F. J. Vesely** State Geologist,

~~Santa Fe, N. M.~~ **Carlsbad, N. M.**

Following is a report on the work done and the results obtained under the heading noted above at the **SUN OIL COMPANY** **H. S. Record** Well No. **1** in the

Company or Operator

N/2

of Sec.

22

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22-S

, R

36-E

N. M. P. M.,

Eunice

Oil Field,

Lea

County.

The dates of this work were as follows: **October 1, 1935**

Notice of intention to do the work was (~~XXXXX~~) submitted on Form SG **106** on **Sept. 25th** 19**35**, and approval of the proposed plan was (~~XXXXX~~) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Shot well with 360 quarts of Nitro-glycerin from 3700' to 3844', using 50' of sand tamp and an umbrella bridge. Production before shot: 25 bbls. per day; production after shot: 150 bbls. per day.

Subscribed and sworn to before me this

_____ day of _____, 19____

Notary Public

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

Name _____

Position _____

Representing _____

Company or Operator

Address _____

Hobbs, N. M.

My Commission expires _____

Remarks:

Name

Title