; 1	ATT	<b>NE. MEXICO OIL CONSERVATION COM</b>	ISSION
•		<b>NE. MEXICO OIL CONSERVATION COM</b>	
A E		<b>MISCELLANEOUS REPORTS ON</b>	WELLS
Ę	11		

Submit this report in triplicate to the Oil Conservation Commission District Office within ten days after the work specified is completed. It should be signed and filed as a report 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. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of report by checking below.

<b>REPORT ON BEGINNING DF</b>	ILLING	1	REPORT ON F	EPAIRING WELL	1
OPERATIONS					
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL		X	REPORT ON PULLING OR OTHERWISE ALTERING CASING		ISE
REPORT ON RESULT OF TEST OF CASING SHUT-OFF			REPORT ON D	N DEEPENING WELL	
REPORT ON RESULT OF PL	UGGING OF WELL				
			· · · · · · · · · · · · · · · · · · ·		11
	Februa	ary 11,	1952	Hobbs, New	Mexico
	<b></b>	X	Date		Place
<b>•</b> •••••••••••••••••••••••••••••••••••					
Following is a report on the wor Sweet Oil Well Equip					
Company o			Lease	Well No	in the
	of Sec	7		, R	лири
<b></b>			20		
Skaggs	Pool	Lea			County.
	2- <b>4</b>	-52			
The dates of this work were as :	[0110W8:				
Notice of intention to do the wo			Farme (1100	2-0-52	
and approval of the proposed pla	<b>in was (was not)</b> ob	tained. (Cro	ss out incorrect words.	)	
DETA	ILED ACCOUNT (	TE WORK	DONE AND RESULT	S OBTAINED	
This well was acidize	ed from 3920 -	- 3958 w.	ith 2000 gals.	15%. No show of	oil or
gas. Swabbed dry.					
Witnessed by	Vana		Company		
Witnessed by	Name		Сотралу		Title
	Name		Company		Title
APPROVED:			I hereby swear or a	affirm that the informa	
-				affirm that the informa	
APPROVED: OIL CONSERVATIO			I hereby swear or a is true and correct.	affirm that the information of t	<b>tion given ab</b> ove
APPROVED:			I hereby swear or a is true and correct. Name Sweet O	il Well Equipmen	tion given above
APPROVED:	on commission		I hereby swear or a is true and correct. Name Sweet O		tion given above
APPROVED:	on commission		I hereby swear or is true and correct. Name Sweet O. Position Full	il Well Equipmen	tion given above

19. . ..

Date

Company or Operator

Address Box 1115, Hobbs, New Mexico