

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

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, NEW MEXICO

6/30/37

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 _____

Me-Tex Supply Company

Wallace

Well No. 4 in the _____

Company or Operator

Lease

_____ of Sec. 3, T. 21S, R. 36E, N. M. P. M.,

Sanice

Field, _____ County.

The dates of this work were as follows: _____

Notice of intention to do the work was [was not] submitted on Form C-102 on _____ 19____

and approval of the proposed plan was [was not] obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Tested surface pipe--O. K.

Started Drilling under surface pipe.

DUPLICATE

Witnessed by Hugh Johnson Continental Oil Co. Supt.
Name Company Title

Subscribed and sworn to before me this _____

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

_____ day of _____, 19____

Name _____

Position _____

Notary Public

Representing Me-Tex Supply Company

Company or Operator

My Commission expires _____

Address _____

Remarks:

Name
Oil & Gas Inspector

Title