

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			

Hobbs, New Mexico. October 17th, 1935.

Mr. F. J. Vesely, State Geologist,

PLACE

DATE

Santa Fe, N. Mex.

Following is a report on the work done and the results obtained under the heading noted above at the REPOLLO OIL COMPANY E. C. ADKINS Well No. 4 in the

E/2 of Sec. 9, T. 21S, R. 36-E, N. M. P. M.,
Eunice Oil Field, Lea County.

The dates of this work were as follows: October 20th, 1935.

Notice of intention to do the work was (was ~~not~~) submitted on Form SG 103 on 15th, October, 19 35, and approval of the proposed plan was (was ~~not~~) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Tested 7" OD Casing with 1200' pump pressure & tested 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 Samuel

Position Asst. Supt.

Representing Repollo Oil Co

Address Box #56 Hobbs, N. Mex.

COMPANY OR OPERATOR.

Remarks:

F. J. Vesely

NAME

TITLE

THE UNITED STATES OF AMERICA
DO hereby certify that

the within and foregoing is a true and correct copy of the original as the same appears in the records of the
County of _____ State of _____

Witness my hand and the seal of the County Clerk at _____ this _____ day of _____ 19____

County Clerk

Notary Public

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC