

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	X	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Hobbs, New Mexico

August 11, 1936

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

Continental Oil Company

State D-15

Well No. **3** in the

Company or Operator

Lease

NE of NE/4 of Sec. **15**, T. **21s**, R. **36e**, N. M. P. M.,
Eunice Field, **Lea** County.

The dates of this work were as follows: **August 8, 1936**

Notice of intention to do the work was ~~received~~ submitted on Form C-102 on **8-5-36** 19
 and approval of the proposed plan was ~~received~~ obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

7-5/8" OB casing was tested with 1200# pressure for 30 minutes both before and after drilling plug. Tested OK.

DUPLICATE

Witnessed by **Charley Taylor**
 Name

Gypsy Oil Company
 Company

Farm Boss
 Title

Subscribed and sworn to before me this **11th**

day of **August**, 19 **36**

Patricia Mahoney
 Notary Public

My Commission expires **Oct. 24, 1939**

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

Name *H. J. Johnston*

Position **District Supt.**

Representing **Continental Oil Company**
 Company or Operator

Address **Box CC, Hobbs, N.M.**

Remarks:

APPROVED

E. J. Vesely
 Name

Oil & Gas Inspector Title

MINISTERIAL REPORTS ON WILLS

The following information is being furnished to you for your information and guidance. It is based on the information received from the various sources mentioned in the report. It is not intended to be a complete statement of the facts, but rather a summary of the information received. The information is being furnished to you for your information and guidance only. It is not intended to be a complete statement of the facts, but rather a summary of the information received. The information is being furnished to you for your information and guidance only. It is not intended to be a complete statement of the facts, but rather a summary of the information received.

Indicate source of report by checking below:

1. Direct from the testator	2. From the executor	3. From the attorney	4. From the court
5. From the family	6. From the friends	7. From the community	8. From the press
9. From the public	10. From the government	11. From the church	12. From the school
13. From the hospital	14. From the prison	15. From the military	16. From the navy
17. From the air force	18. From the coast guard	19. From the customs	20. From the immigration
21. From the police	22. From the fire department	23. From the health department	24. From the social services
25. From the welfare department	26. From the housing department	27. From the education department	28. From the labor department
29. From the agriculture department	30. From the commerce department	31. From the industry department	32. From the transportation department
33. From the communication department	34. From the energy department	35. From the environment department	36. From the science department
37. From the technology department	38. From the arts department	39. From the recreation department	40. From the sports department
41. From the entertainment department	42. From the media department	43. From the advertising department	44. From the public relations department
45. From the marketing department	46. From the sales department	47. From the distribution department	48. From the retail department
49. From the wholesale department	50. From the manufacturing department	51. From the construction department	52. From the engineering department
53. From the architecture department	54. From the interior design department	55. From the landscape architecture department	56. From the urban planning department
57. From the transportation planning department	58. From the environmental planning department	59. From the economic planning department	60. From the social planning department
61. From the health planning department	62. From the education planning department	63. From the labor planning department	64. From the agriculture planning department
65. From the commerce planning department	66. From the industry planning department	67. From the transportation planning department	68. From the communication planning department
69. From the energy planning department	70. From the environment planning department	71. From the science planning department	72. From the technology planning department
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77. From the media planning department	78. From the advertising planning department	79. From the public relations planning department	80. From the marketing planning department
81. From the sales planning department	82. From the distribution planning department	83. From the retail planning department	84. From the wholesale planning department
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Signature of Minister: _____ Date: _____

Signature of Attorney: _____ Date: _____

Signature of Executor: _____ Date: _____

Signature of Family: _____ Date: _____

Signature of Friends: _____ Date: _____

Signature of Community: _____ Date: _____

Signature of Press: _____ Date: _____

Signature of Public: _____ Date: _____

Signature of Government: _____ Date: _____

Signature of Church: _____ Date: _____

Signature of School: _____ Date: _____

Signature of Hospital: _____ Date: _____

Signature of Prison: _____ Date: _____

Signature of Military: _____ Date: _____

Signature of Navy: _____ Date: _____

Signature of Air Force: _____ Date: _____

Signature of Coast Guard: _____ Date: _____

Signature of Customs: _____ Date: _____

Signature of Immigration: _____ Date: _____

Signature of Police: _____ Date: _____

Signature of Fire Department: _____ Date: _____

Signature of Health Department: _____ Date: _____