

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	<input type="checkbox"/>	REPORT ON DEEPENING WELL	<input type="checkbox"/>
REPORT ON RESULT OF SHOOTING WELL	<input type="checkbox"/>	REPORT ON PULLING OR OTHERWISE ALTERING CASING	<input type="checkbox"/>
REPORT ON RESULT OF TEST OF WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPORT ON REPAIRING WELL	<input type="checkbox"/>
REPORT ON RESULT OF ABANDONMENT OF WELL	<input type="checkbox"/>		<input type="checkbox"/>

Hobbs, N. M. June 3rd, 1934

PLACE

DATE

Mr. E. H. Wells State Geologist,
Santa Fe, N. Mex.

Following is a report on the work done and the results obtained under the heading noted above at the

Tide Water Oil Co O. L. Coleman Well No. 2 in the
COMPANY OR OPERATOR LEASE
NE 1/4 of Sec. 17, T. 21S, R. 36E, N. M. P. M.,
Eunice Oil Field, Lea County.

The dates of this work were as follows:

Notice of intention to do the work was (was not) submitted on Form SG 103 on
5/30/34, 1934, and approval of the proposed plan was (was not) obtained. (Cross
out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

XEX 7"OD Casing was bailed dry and allowed to stand for 2-hrs and then run bailer again. Have satisfactory shutoff.

DUPLICATE

Subscribed and sworn to before me this

_____ day of _____, 19____.

NOTARY PUBLIC.

My commission expires _____

Remarks:

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

Name Fr. Schuider - P. C.

Position Production Superintendent

Representing Tide Water Oil Company
COMPANY OR OPERATOR

Address Hobbs, New Mexico

JUN 3 - 1934

APPROVED AS O. K.

BY [Signature]
NAME

TITLE

NEW MEXICO STATE LAND OFFICE
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MISCELLANEOUS REPORTS ON WELLS

Before this report is submitted to the State Geologist or his 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 logging drilling operations, results of shooting well, results of test of water shut-off, results 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 other 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 LOGGING DRILLING OPERATIONS	REPORT ON SHOOTING WELL
REPORT ON RESULT OF TEST OF WATER SHUT-OFF	REPORT ON REPAIRING WELL
REPORT ON RESULT OF ABANDONMENT OF WELL	REPORT ON CLEANING WELL
	REPORT ON FILLING OR OTHERWISE ALTERING CASING

NAME OF WELL: _____ PLACE: _____ DATE: _____

State Geologist, Santa Fe, N. Mex.
Following is a report on the work done and the results obtained under the heading noted above as the _____ Well No. _____ in the _____ County, N. M. P. M.
The dates of this work were as follows: _____
Notice of intention to do the work was (was not) submitted on Form 50 _____ on _____ 19____, and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

The _____ Well No. _____ in the _____ County, N. M. P. M. was _____ by _____ on _____ 19____. The results obtained were as follows: _____

Subscribed and sworn to before me this _____ day of _____ 19____.
I hereby swear or affirm that the information given above is true and correct.
Name _____ Position _____
Address _____
My commission expires _____

Remarks:

NAME _____
ADDRESS _____
CITY _____ STATE _____