

N 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.

April 23, 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

REPOLLO OIL COMPANY **STATE # 176** Well No. **6** in the
NW/4 Company or Operator **19** Lease **21S**
of Sec. **19**, T. **21S**, R. **36E**, N. M. P. M.,
EUNICE Field, **1EA** County.

The dates of this work were as follows: **April 23rd, 1936.**

Notice of intention to do the work was (was ~~not~~) submitted on Form C-102 on **April 22nd,** 19 **36**
and approval of the proposed plan was (was ~~not~~) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Tested for water shut-off by bailing hole dry. Allowed to stand for 1 hour. Tested dry.

(12 1/2" Casing)

DUPLICATE

Witnessed by **C.D. Brown** **Me-Tex Supply Company**
Name Company Title

Subscribed and sworn to before me this **4** I hereby swear or affirm that the information given above is true and correct.

day of **May**, 19 **36** Name **L. Smith**

Position **Dist. Superintendent**

Representing **Repollo Oil Company**

Company or Operator

My Commission expires **10-24-39** Address **Box # 156, Hobbs, N.M.**

Remarks:

APPROVED

[Signature] Name

Oil & Gas Inspector Title

1CR

San Francisco, California

INTERNAL SECURITY - COMMUNIST

Reference is made to the report of the Office of the Inspector General, dated 10/15/54, regarding the activities of the Communist Party, U.S.A., in the State of California. The report states that the Communist Party has been active in the State of California since 1945 and has been successful in recruiting members and in organizing various fronts and organizations. The report also states that the Communist Party has been active in the State of California since 1945 and has been successful in recruiting members and in organizing various fronts and organizations.

Indicate source of report by checking below:

1. DIRECTOR'S OFFICE	<input type="checkbox"/>
2. ASSISTANT ATTORNEY GENERAL	<input type="checkbox"/>
3. CHIEF OF BUREAU	<input type="checkbox"/>
4. ASSISTANT CHIEF OF BUREAU	<input type="checkbox"/>
5. DIVISION OF INVESTIGATION	<input type="checkbox"/>
6. DIVISION OF INSPECTION	<input type="checkbox"/>
7. DIVISION OF RECORDS AND COMMUNICATIONS	<input type="checkbox"/>
8. DIVISION OF TRAINING AND PUBLIC AFFAIRS	<input type="checkbox"/>
9. DIVISION OF LABOR RELATIONS	<input type="checkbox"/>
10. DIVISION OF CONSUMER PROTECTION	<input type="checkbox"/>
11. DIVISION OF ECONOMIC STABILIZATION	<input type="checkbox"/>
12. DIVISION OF INDUSTRIAL SECURITY	<input type="checkbox"/>
13. DIVISION OF INVESTIGATIVE SERVICES	<input type="checkbox"/>
14. DIVISION OF LABOR RELATIONS	<input type="checkbox"/>
15. DIVISION OF RECORDS AND COMMUNICATIONS	<input type="checkbox"/>
16. DIVISION OF TRAINING AND PUBLIC AFFAIRS	<input type="checkbox"/>
17. DIVISION OF LABOR RELATIONS	<input type="checkbox"/>
18. DIVISION OF CONSUMER PROTECTION	<input type="checkbox"/>
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21. DIVISION OF INVESTIGATIVE SERVICES	<input type="checkbox"/>
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25. DIVISION OF LABOR RELATIONS	<input type="checkbox"/>
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99. DIVISION OF ECONOMIC STABILIZATION	<input type="checkbox"/>
100. DIVISION OF INDUSTRIAL SECURITY	<input type="checkbox"/>

1. Name of source: _____

2. Title of source: _____

3. Name of organization: _____

4. Address of source: _____

5. Date of report: _____

6. Name of reporting officer: _____

7. Title of reporting officer: _____

8. Name of supervisor: _____

9. Title of supervisor: _____

10. Name of recipient: _____

11. Title of recipient: _____

12. Name of office: _____

13. Title of office: _____

14. Name of agency: _____

15. Title of agency: _____

16. Name of division: _____

17. Title of division: _____

18. Name of section: _____

19. Title of section: _____

20. Name of subsection: _____