

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	REPORT ON REPAIRING WELL
REPORT ON RESULT OF ABANDONMENT OF WELL	Report of acid Treatment. X

Mr. E.H. Wells. State Geologist, Hobbs N. Mexico. 8-10-34
 Santa Fe, N. Mex. PLACE DATE
 Following is a report on the work done and the results obtained under the heading noted above at the Continental Oil Co. State C-20 Well No. 1 in the
N.W. 1/4 COMPANY OR OPERATOR 20 T. 21S LEASE 36E, N. M. P. M.,
Junice 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 105 on
Aug 4, 1934, and approval of the proposed plan was (~~was not~~) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

State C-20 # 1 Was treated on Aug 5th with 1000 gallons of Dow X Acid pumped in thru tubing. 216 bbls oil pumped in ahead of acid, 50 bbls behind acid. Maximum Pressure 300# on tubing while pumping. Producing Test after acid treatment Aug 8th. flowed open three hours at rate of 55 bbls per hour Gas 1,400,000 cu. ft. of gas.

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 [Signature]

Position District Supt.

Representing Continental Oil Co.

COMPANY OR OPERATOR.

Address P.O. Box CC Hobbs N. Mexico

AUG 14 1934

APPROVED AS O. K.

BY [Signature]

NAME

TITLE

N-C.R.

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