NEW MEXICO STATE LAND OFFI-L 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:

F	REPORT ON BEGINNING DRILLING OPERATIONS	REPORT ON DEEPEN	ING WELL	-
F	EPORT ON RESULT OF SHOOTING WELL	REPORT ON PULLING ALTERING CASING		_
F	EPORT ON RESULT OF TEST OF WATER SHUT-OFF	REPORT ON REPAIRI	NG WELL	
R	EPORT ON RESULT OF ABANDONMENT OF WELL	Report of Acid	Treatment X	-
		Hobbs N.Mexico	8-16-34	
Mr.	E.H.Wells State Geologist	PLACE	DATE	
the	Santa Fe, N. Mex. Following is a report on the work done and the continental Oil Co. State	he results obtained under	the heading noted above a Well No in th	it ie
	NW L/4 COMPANY OR OPERATOR 20	T 215 D	36E NMPM	
	Fun le e	Lea	County.	,
	Notice of intention to do the work was (was 1 8-11-34 , 19, and approval of	not) submitted on Form SC	3 105 o	n ss
out	incorrect words.)			

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

State C-20 # 1 was treated with 1000 gallons of Dowell X Acid on August 12th, 47 bbls oil used ahead of acid, 50 bbls load behind acid. Acid pumped in thru tubing. Maximum Casing pressure 950# Min. 450# Tubing Pressure Maximum 500# Minimum 250#. Well Swabbed in Aug 15th and tested open flow at rate of 100 bbls per hour, Gas 1,700,000 cu. ft per 24 hours. 7" casing set at 3829', 2%" tubingset at 3949'. Total

Depth of well 3950'.

Subscribed and sworn to before me the day of	given above is tr , 19	r or affirm that the information we and correct. Supt. a tric t Supt. ont in ental 011 Co. Box CC Hobber N. MILLIGO.	
Remarks:	ĨA	AUG 1 8 1934 APPROVED AS O. K.	
	NAME.	TITLE	

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