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### OFFICE OF THE STATE GEOLOGICA'

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 DRIRLLING OPERATIONS REPORT ON DEEPENING WELL REPORT ON PULLING OR OTHERWISE ALTERING CASING REPORT ON RESULT OF SHOOTING WELL REPORT ON RESULT OF TEST OF WATER SHUT-OFF I REPORT ON REPAIRING WELL REPORT ON RESULT OF ABANDONMENT OF WELL Hobbs N.M. 3-30-35 E.H. Wells State Geologist,  $Mr_{-}$ Santa Fe, N. Mex. Following is a report on the work done and the results obtained under the heading noted above at Continental 11 Co. State C-20 Well No 4 in the the Companyor ., T\_\_\_ \_\_\_, R\_\_\_\_ of Sec. Oil Field, \_\_ The dates of this work were as follows:\_\_\_ 103 Notice of intention to do the work was (was not) sumbitted on Form SGon 1935, and approval of the proposed plan was (Valuet) obtained. (Cross March 26 out incorrect words.) DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED 7-5/8" casing set in this well on March 24th, 1935, at 1669' in Anhydrite formation and commuted with 400 Sacks. On March 28th. Casing was tested with 600# Pressure for 30 Mins before drilling plug and for 30Mins with 600# Pressure after drilling plug. Casing OK. APR 2 1935 Subscribed and sworn to before me this I hereby swear or affirm that the information given above is true and correct. \_ ,19\_ \_day of\_ Name\_ Position Continental 011 Representing\_ Notary Public Company or Operator P.O.Box CC Hobbs N.M. Address My Commission expires. Remarks: Title Name

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