

MEXICO OIL CONSERVATION

MISSION

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

REPORT ON DEEPENING WELL

REPORT ON RESULT OF PLUGGING OF WELL

Hobbs, N. Mex. February 1st, 1938

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 _____

Company or Operator W. A. Ramsay Well No. 2 in the _____
SW/4 of Sec 27, T. 21S, R. 36E, N. M. P. M.,
Eunice Field, Lea County.

The dates of this work were as follows: _____

Notice of intention to do the work was [was not] submitted on Form C-102 on _____ 19____
 and approval of the proposed plan was [was not] obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Started drilling operations January 31st, 1938

DUPLICATE

Witnessed by _____ Name _____ Company _____ Title _____

Subscribed and sworn to before me this _____

1st day of February 1938, 19____

Notary Public

February 8th, 1941
 My Commission expires _____

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

Name _____

Position Dist. Supt.

Representing _____

Company or Operator _____

Address Hobbs, N. Mex.

Remarks:

Name _____

Title _____