OIL CONSERVATION COMMISSION



Title

A Panta 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 TIONS	DRILLING OPERA	REI	PORT ON REPAIRI	NG WELL	
REPORT ON RESULT OF SHOOTING OR CHEM- ICAL TREATMENT OF WELL			ORT ON PULLING ALTERING CASIN		ISE
REPORT ON RESULT OF SHUT-OFF	TEST OF CASING	G REI	PORT ON DEEPENI	NG WELL	
REPORT ON RESULT OF I	LUGGING OF WELL	L			
		December 6,	1949	Hodbs, N	ew Nexico
OIL CONSERVATION COM	MISSION.	Dat	е	P	lace
SANTA FE, NEW MEXICO Gentlemen:	•				
Following is a report on the Shell Oil Comp	n May	sults obtained und		above at the_	in the
Sw/hCompany	or Operator		ease L -8 , R		, N. M. P. M.,
Brunson	Field,	Lea	, 10.		County.
The dates of this work were	as follows:	12-3-49			
After 48 hrs. WOO	****** 5 1/2" e	seing w/1000	p.e.i. for 30	min. Test	O.K.
Witnessed by D. H. M1					
		Shell	Cil Company	Head Roy	
Subscribed and sworn bet	tchell Name	Shell	Company	Nead Roy	I s Labout Title
	Name fore me this	I hereby	Company swear or affirm the	at the informat	Title
6th day of Dece	Name fore me this	I hereby	Company	the informat	Title
6th) Dece	Name fore me this	I hereby is true at 19. Name _	Company r swear or affirm the and correct faul	of the informat	Title ion given above
6th) Dece	Name fore me this	I hereby is true at 19 Name Position	Company y swear or affirm the and correct fault Frank R. Lov District Superinting Shell Cil	the information of foreign	Title ion given above
6th) Dece	Name fore me this Notary Pub	I hereby is true at 19 Name Position Represent	r swear or affirm the and correct faul Frank 2. Lov District Superinting Shall Cil	the information of Company or Operator	Title ion given above
day of Dece	Name fore me this Notary Pub	I hereby is true at 19 Name Position Represent	r swear or affirm the and correct faul Frank 2. Lov District Superinting Shall Cil	the information of Company or Operator	Title ion given above
My commission expires	Name fore me this Notary Pub	I hereby is true at 19 Name Position Representation Address	r swear or affirm the and correct faul Frank 2. Lov District Superinting Shall Cil	the information of Company or Operator	Title ion given above

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