Form C-103

Orig: & 2cc: OCC 2cc: CSR

OIL CONSERVATION COMMISSION

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.

	indicate natur	e or rep	ort by checking be	low.		
REPORT ON BEGINNING DRILLING OPERA-			REPORT ON REPAIRING WELL			
REPORT ON RESULT OF SHOOTING OR CHEM- ICAL 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	F PLUGGING OF WELL					
		<u></u>	Feb. 19,194	.9	Hobbs, 1	.M.
OIL CONSERVATION C SANTA FE, NEW MEXI Gentlemen: Following is a report on th Repoils 011 co	CO	ilts obt a	Date	ding noted abc	Place	
	······································			Well No		in the
N.V SE/4	ny or Operator 2 of Sec.	3	T.	_R 37	1	M D M
Di	ny or Operator 2 of Sec rinkard Field,	,			Lea '	N. M. P. M. County.
The dates of this work we	ere as follows:	Feb.	18, 1949			
Notice of intention to do		submit	tted on Form C-10	Feb.	18, 1949	19
and approval of the prop						10
				•		
	TAILED ACCOUNT OF					
Set 2930' of 7 5/8'	' OD 26.4# J55R2SS	8rt N	lew Casing and	. cemented	with 1200 s	sacks of
Trinity Regular cer	aent. Set 6 2933	from	surface. Com	pleted 🕘 l	.0:05 PM 2-]	8-49
Tested W/1,000# Pur	ap Pressure - Test	0 K				
Cement behind 7 5/8	" casing 1620!					
Witnessed by			E. F. Moran	Inc.	Dril	er
	Name		Compa	ny		Title
Subscribed and sworn b	efore me this		I hereby swear or is true and correct	affirm that th	e information	given above
19/day of Fe	eb. 19_	49	Name			
t thattened			Position <u>Dist. Supt.</u>			
	Notary Public	;	Representing Rep	ollo 0,1 C Company ¹ or O	O. perator	
My commission expires_	2-4-50		Address <u>Box 14</u>	27 Hobb	s, N.M.	
Remarks:				Rey	1/189/4A	un .

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