

NEW MEXICO 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:

| | | | |
|--|----------|--|--|
| REPORT ON BEGINNING DRILLING OPERATIONS | X | 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 | | | |

Wink Texas

Place

8-12-36

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

Atlantic Oil Producing Co. **Houston** Well No. **1** in the
 Company or Operator Lease
330' fr NAE lines of of Sec. **7**, T. **21 S**, R. **36 E**, N. M. P. M.,
W/2 of NW/4 **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

Rigging up started: 7-3-36

Drilling started: 7-7-36

Contracted by Bert Fields Inc.

Witnessed by _____ Name _____ Company _____ Title _____

Subscribed and sworn to before me this **the**

12th day of **Aug**, 19 **36**

Notary Public

My Commission expires **8-1-37**

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

Name **S. S. Smith**

Position **Superintendent**

Representing **Atlantic Oil Producing Co.**
 Company or Operator

Address **P.O. Box 876 Wink Texas**

Remarks:

Name

Title