

OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELLS



Sumbit 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 ON BEGINNING DRILLING OPERA-	REPORT ON	REPORT ON REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL	REPORT ON	REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING		DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL	A NAME OF COL	DEBI ENTING WEEL	
Tune 10	1048	77-3-3 37- 36	
OIL CONSERVATION COMMISSION, SANTA FE, NEW MEXICO.	Date	Hobbs, New Me	Place
Gentlemen: Following is a report on the work done and the results	obtained under the he	ading noted above at th	e
Cities Service Oil Company Company or Operator	Brunson "C"	Well No	in the
C NW SE of Sec. 3	леаse т 225	n 37E	
Drinkard Field, Le	a	, R	, N. M. P. M.,
	, 1947 & June 10	. 1947	County.
Notice of intention to do the work was (*******t) sub	mitted on Flows C 100	on. June 9,	1947
Cement was allowed to hole bailed dry. No water cam pipe and drilling was resumed.	o set 24 hours, e in in one hour	plug drilled out . Picked up dril	and
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Name		istrict Superinte	
······································	Cil Company, D		
Subscribed and sworn before me this 13th day of June , 19 47	Compa	ny affirm that the informa	ritle
15th day of June , 19 47	Compa I hereby swear or is true and correct Name	ny affirm that the informa	Title ation given above
	I hereby swear or is true and correct Name Position Dist Representing C1	affirm that the information	Title ation given above
13th day of June , 19 47	I hereby swear or is true and correct Name Position Representing Ci	affirm that the information of the superintendent ties Service 011	Title ation given above