

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		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	X	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Hoobs, New Mexico

Place

March 10, 1936

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

Skelly Oil Company **Bertha L. King** Well No. **1** in the
Company or Operator Lease
SW/4, SE/4 of Sec. **32**, T. **22**, R. **37**, N. M. P. M.,
South Eunice Field, **Lea** County.

The dates of this work were as follows: **3/4/36, and 3/6/36**

Notice of intention to do the work was ~~was~~ submitted on Form C-102 on **February 27** 19**36**
and approval of the proposed plan was ~~was~~ obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Bailed hole dry, drilled first plug, let stand, and tested for casing shut-off, which tested O.K. Bailed rotary mud, drilled second plug, let stand, tested for casing-shut-off which tested O.K. Now drilling ahead.

Witnessed by **Riley Coates** **Olsen Drilling Company** **Superintendent**
Name Company Title

Subscribed and sworn to before me this **10**

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

day of **Mar**, 19 **36**

Name

Position **District Superintendent**Representing **Skelly Oil Company**

Company or Operator

My Commission expires **Oct 24 1939**Address **Drawer "D", Hoobs, New Mexico**

Remarks:

Name

Title

1CR

GENERAL INFORMATION AND NOTES

STATE OF NEW YORK

The following information was obtained from the records of the State of New York, Department of Health, Division of Health Planning and Statistics, on the subject of the above-named person.

NAME: [Name]

DATE OF BIRTH: [Date] PLACE OF BIRTH: [Place]

EDUCATION: [Education] OCCUPATION: [Occupation]

RESIDENCE: [Residence] SOCIAL SECURITY NUMBER: [Number]

DATE OF DEATH: [Date] PLACE OF DEATH: [Place]

CAUSE OF DEATH: [Cause]

DATE OF INTERVIEW: [Date]

BY: [Name]

The above information was obtained from the records of the State of New York, Department of Health, Division of Health Planning and Statistics, on the subject of the above-named person.

DATE OF BIRTH: [Date] PLACE OF BIRTH: [Place]

EDUCATION: [Education] OCCUPATION: [Occupation]

RESIDENCE: [Residence] SOCIAL SECURITY NUMBER: [Number]

DATE OF DEATH: [Date] PLACE OF DEATH: [Place]

CAUSE OF DEATH: [Cause]

DATE OF INTERVIEW: [Date]

BY: [Name]

The above information was obtained from the records of the State of New York, Department of Health, Division of Health Planning and Statistics, on the subject of the above-named person.

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CAUSE OF DEATH: [Cause]

DATE OF INTERVIEW: [Date]

BY: [Name]

The above information was obtained from the records of the State of New York, Department of Health, Division of Health Planning and Statistics, on the subject of the above-named person.