Submit this report in triplicate to the Oil Conservation Commission District Office within ten days after the work specified is completed. It should be signed and filed as a report on beginning drilling operations, results of shooting well, results of test

Indicate in the second	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	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL	Report 6h Back Pressure Test	X
August_ 35, 195	Date Hobbs, 53w He Lico Place	
Following is a report on the work done and the results obt	ained under the heading noted above at the	
Continental 31 Company Lynn B-	26Well No	in the
Continental Dia Company or Operator SW/4 of SW/4 of SW/4 of Sec. 26	, T	in the
SW/4 of SW/4 of Sec. 26 Langlie Mattix Pool 7.50	, T 23 S , R 36E , I	N. M. P. M.
SW/4 of SW/4 of Sec. 26 Langlie Mattix Pool 7.50	, T 23 S , R 36E , I	N. M. P. M.
SW/4 of SW/4 of Sec. 26 Langlie Mattix Pool Lag The dates of this work were as follows: June 15,	, 1951	N. M. P. M.
SW/4 of SW/4 of Sec. 26 Langlie Mattix Pool Lag The dates of this work were as follows: June 15,	, T	N. M. P. M.
Implie Nattix Pool 7:00 The dates of this work were as follows: June 15; Notice of intention to do the work was (was not) submitted and approval of the proposed plan was (was not) obtained	, T	N. M. P. M.
Implie Nattix Pool 7:00 The dates of this work were as follows: June 15; Notice of intention to do the work was (was not) submitted and approval of the proposed plan was (was not) obtained	. (Cross out incorrect words.) ORK DONE AND RESULTS OBTAINED	N. M. P. M.
Langlie Mattix Pool Lea The dates of this work were as follows: June 15; Notice of intention to do the work was (was not) submitted and approval of the proposed plan was (was not) obtained DETAILED ACCOUNT OF Wo	. (Cross out incorrect words.) ORK DONE AND RESULTS OBTAINED	N. M. P. MCounty, 19

Witnessed by... Title Name Company I hereby swear or affirm that the information given above APPROVED: is true and correct. Name Position District Superint andent Title Representing Continentalny of the Company

Date

Address ox C = Kobs, For Hexice