NEW MEXICO STATE LAND OFFICE

OFFICE OF THE STATE GEOLOGIA.

SANTA FE, NEW MEXICO

MISCELLANEOUS REPORTS ON WELLS

Submit this report in duplicate to the State Geologist or proper Oil and Gas Inspector 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 water shut-off, result of abandonment of well, and other important operations, even though the work was witnessed by the State Geologist or Oil and Gas Inspector. Reports on minor operations need not be signed and sworn to before a notary public, but such operations should be witnessed by an Oil and Gas inspector if possible.

and sworn to before a notary public, but such operations should be witnessed by an Oil and Gas inspector if possible. Indicate nature of report by checking below: REPORT ON BEGINNING DRIRLLING OPERATIONS REPORT ON DEEPENING WELL REPORT ON PULLING OR OTHERWISE ALTERING CASING IXX REPORT ON RESULT OF SHOOTING WELL REPORT ON RESULT OF TEST OF WATER SHUT-OFF REPORT ON REPAIRING WELL REPORT ON RESULT OF ABANDONMENT OF WELL Hobbs, New Mexico. September 24th, 1935. Date E.H. Wells State Geologist, Santa Fe, N. Mex. Following is a report on the work done and the results obtained under the heading noted above at Gypsy 011 Company S.R. Cooper _Well No___ ___in the the_ Company or Operator Lease N. M. P. M., of Sec. County. Cooper Oil Field. The dates of this work were as follows: Shot 9-16-55 Tested 9-21-35. Notice of intention to do the work (was not) sumbitted on Form SG 19_____, and approval of the proposed planare (was not) obtained. (Cross out incorrect words.) DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED The well was shot on September 16th, 1935 with 60 quarts glyceria from 5480' to 3504' by the Independent Eastern Torpedo Co. W/ Type F. Duplex Zero hour bemb. The well was making a small amount of gas before the shot and there was no increase by the shot. Disposition. I hereby swear or affirm that the information Subscribed and sworn to before me this given above is true and correct. Name & Q Quececce Position District Superinten Representing Gross 011 Comp Company or Operator Oklahoma. Address_ My Commission expires at a single Remarks:

Name

Title

OFFICE OF THE STATE CEOLOGIC.

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