NEW MEXICO STATE LAND OFFICE OFFICE OF THE STATE GEOLOGIST 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.

| Indicate nature o | of report by checking below: |
|--|--|
| REPORT ON BEGINNING DRILLING | REPORT ON DEEPENING WELL |
| OPERATIONS | REPORT ON DEEPENING WELL REPORT ON PULLING OR OTHERWISE |
| REPORT ON RESULT OF SHOOTING WELL | ALTERING CASING |
| REPORT ON RESULT OF TEST OF WATER SHUT-OFF | REPORT ON REPAIRING WELL |
| REPORT ON RESULT OF ABANDONMENT OF WELL | |
| | Bartle sville, Okla., August 18, 1954 |
| Mr. State Geolog | |
| Santa Fe, N. Mex. | d the results obtained under the heading noted above at |
| the Didling Detail are Comment | Well No. two in the |
| COMPANY OR OPERATOR | G. D. Well No two in the |
| ST/4 of Sec. 25 | T, R, N. M. P. M., |
| | County. |
| The dates of this work were as follows: | as not) submitted on Form SG |
| Notice of intention to do the work was | al of the proposed plan was (was not) obtained. (Cross |
| | if of the proposed plan was (weekly obtained. (Cross |
| out incorrect words.) | ORK DONE AND RESULTS OBTAINED |
| Test | approved by Mr. J. D. Hunter |
| DUFLICA | TE |
| Subscribed and sworn to before me this | I hereby swear or affirm that the information given above is true and correct. |
| TOOL James Assessed 10 ft | |
| 18th day of, 19.1 | |
| of took | Position Chief Clerk Production Dept. |
| NOTARY PUBLIC | Representing Phillips Petroleum Company COMPANY OR OPERATOR. |
| My commission expires | Address |
| Pomoniza: | AUG 2 1 1934 |
| Remarks: | AVEROVED AS O. K. |
| | so INII. |

TITLE

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