

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 of report by checking below:

REPORT ON BEGINNING DRILLING OPERATIONS	xxx	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF SHOOTING WELL		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF WATER SHUT-OFF		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF ABANDONMENT OF WELL			

E. H. Wells

Bartlesville, Okla.,

July 20, 1934

Mr. _____ State Geologist,

Santa Fe, N. Mex.

Following is a report on the work done and the results obtained under the heading noted above at the **Phillips Petroleum Company** **C. D. Woolworth** Well No. **three** in the

NW/4

COMPANY OR OPERATOR

25

24

LEASE

36

34

of Sec.

12a

R.

County.

Oil Field,

July 19, 1934

The dates of this work were as follows:

Notice of intention to do the work was (was not) submitted on Form SG **101** on **July 22**, 19**34**, and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Started drilling.

DUPLICATE

Subscribed and sworn to before me this **21st** day of **July**, 19**34**.

[Signature]

NOTARY PUBLIC.

My commission expires **7/6/1938**

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

Name _____

Position _____

Representing **Phillips Petroleum Company**

Address _____

Bartlesville, Okla.

COMPANY OR OPERATOR.

Remarks:

APPROVED AS O. K.

BY *[Signature]*

NAME

TITLE

NCR.