Form C-103

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	XXXXX	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Feb. 7, 1949   Midland, Texas

Date   Place

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 _____ Ralph Lowe _____ E. F. King _____ Well No. __2__ in the

SE NE Company or Operator _____ of Sec. __5__, T. __23-S__, R. __37-E__ Lea , N. M. P. M.,

Penrose-Skelly _____ Field, _____ County.

The dates of this work were as follows: ____ Feb. 6, 1949 ____

Notice of intention to do the work was (was not) submitted on Form C-102 on ___ Feb. 5, ___ 19 49

and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

10 3/4" Casing cemented @ 325' with 150 sacks.
    Bailed hole dry before and after drilling plut.
        Water shut off.

Witnessed by ___ W. L. Scott ___   Ralph Lowe   Toolpusher

Name   Company   Title

Subscribed and sworn before me this __7th__

_____ day of ___ Feb. ___ 19 49

Lillie Mae Stovall _____ Notary Public

My commission expires ___ 6-1-49 ___

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

Name _____

Position ___ Agent ___

Representing ___ RALPH LOWE ___

Company or Operator

Address ___ Midland, Texas ___

Remarks:

Name

Title