

## NEW MEXICO 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	7*OD	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Hobbs, New Mexico.

Place

June 15th, 1936

Date

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 \_\_\_\_\_

GULF OIL CORPORATION

J.A. Stuart

GYPSY DIVISION

Company or Operator

Well No. 1 in the

NE/4

of Sec.

25 10

T.

Lease

25a

R.

37e

N. M. P. M.,

Jal

Field,

Lea

County.

The dates of this work were as follows:

Cemented 6-10-36

Tested 6-14-36.

Notice of intention to do the work was [RECEIVED] submitted on Form C-102 on 6-10-1936. 19

and approval of the proposed plan was [RECEIVED] obtained. (Cross out incorrect words.)

## DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

The hole was washed down the casing tested with 1200# Pressure applied for 30 Min., the plug drilled and the hole tested with 1200# Pressure applied for 30 Min, Both tests were O.K. and after approval of Mr. Vesely State Oil & Gas Inspector, preparations were made to drill ahead.

Witnessed by \_\_\_\_\_  
Name Company Title

Subscribed and sworn to before me this 29

day of June, 1936

*Catharina Mahoney*  
Notary Public

My Commission expires 10-24-39

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

Name

C.C. Cunningham

Position

District Superintendent

Representing

GULF OIL CORPORATION

Company or Operator

GYPSY DIVISION

Address

Hobbs, New Mexico.

Remarks:

*J. J. Vesely*  
Name  
Title

of the Commission, and need not be signed and forwarded by the Commission.

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 07-16-2009 BY 60322 UCBAW

REPORT OF THE BOARD OF DIRECTORS

*Journal of Management Education* 30(6)p.789-804

THE UNIVERSITY OF CHICAGO PRESS  
CHICAGO, ILLINOIS 60607

12-091-100

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

[illegible]

## DELETED BY ACCOUNTING DEPARTMENT ON 08-11-2011

• The following information is provided for the purpose of illustrating the format of the data to be submitted. The actual data to be submitted will be determined by the specific requirements of the project.

Received 12 November 2003; accepted 12 November 2003

[illegible]

1. Name of the person or organization	2. Address	3. City	4. State	5. Zip
6. Name of the person or organization	7. Address	8. City	9. State	10. Zip
11. Name of the person or organization	12. Address	13. City	14. State	15. Zip
16. Name of the person or organization	17. Address	18. City	19. State	20. Zip
21. Name of the person or organization	22. Address	23. City	24. State	25. Zip
26. Name of the person or organization	27. Address	28. City	29. State	30. Zip
31. Name of the person or organization	32. Address	33. City	34. State	35. Zip
36. Name of the person or organization	37. Address	38. City	39. State	40. Zip
41. Name of the person or organization	42. Address	43. City	44. State	45. Zip
46. Name of the person or organization	47. Address	48. City	49. State	50. Zip
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81. Name of the person or organization	82. Address	83. City	84. State	85. Zip
86. Name of the person or organization	87. Address	88. City	89. State	90. Zip
91. Name of the person or organization	92. Address	93. City	94. State	95. Zip
96. Name of the person or organization	97. Address	98. City	99. State	100. Zip

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