				\sim	REC	EIVED
Ford C-103	OIL CÓNSER	VATION (соми	IISSION	007	1.6 1950
UPP-	f ,	ta Fe, New Mexi				
and the second s	MISCELLANEOU	S REPORTS	on l	UELLS	OIL CONSERV HOS	ATION COMMISSI 35-CFT.CE
specified is com tions, results of tions, even thou	ort in triplicate to the Oil Conservati pleted. It should be signed and swor shooting well, results of test of cas gh the work was witnessed by an age in to before a notary public. See add Indicate nature	n to before a no ing shut off, res nt of the Commi	tary publ ult of plu ission. R ns in the	lic for reports on agging of well, a eports on minor Rules and Regul	beginning drilli nd other imports operations nee	ng opera- nt opera- d not be
REPORT ON TIONS	EPORT ON BEGINNING DRILLING OPERA- TIONS REPORT ON REPAIRING				WELL	
REPORT ON RESULT OF SHOOTING OR CHEM- ICAL TREATMENT OF WELL REPORT ON PULLING OR CALTERING CASING					OTHERWISE	
REPORT ON SHUT-OFF	EPORT ON RESULT OF TEST OF CASING REPORT ON DEEPENING W					
REPORT ON R	EPORT ON RESULT OF PLUGGING OF WELL Gas well SI Pressure					I
	October 1	3, 1950		Hebbs, New M	lexi de	
Cities S C SW SW	Company or Operator of Sec.	ledges "B"	ease 25S		<u> </u>	in the
Justis		04				_ County.
	is work were as follows:	•				•
	tion to do the work was (was not)					19
and approval o	of the proposed plan yas (was not) DETAILED ACCOUNT OF				ED	
The fells	wing required Semi-Annual	SI pressure	en Ho	dg es "B" No.	1 well is	given
belew:						
Well	Date Taken <u>Time Shut-in</u> <u>S</u>				nut-in Press	ure
Hedges "E	3" No. 1 10-3-50	24 hours		1	313.3 psia	
Witnessed by_	H. 3. Massey Cities	Service Oil	Cempa	ny Distri	let Engineer	
	Name		Comp	any	T	itle
	and sworn before me this	——— is true a	swear o	തി	e information gi	ven above
13 th day	of Osteber 19	50 Name _		Massu	 	<u> </u>
Fred	tauson	Position	<u>Dis</u>	trict Engine	er	

Representing ______ Citics Service Oil Company Company or Operator

Address Drawer G., Hebbs, New Mexico My commission expires Pebruary 8, 1954

Notary Public

Remarks:

t,

Date OCT 1 7 1950

APPROVED

19 Jaser District Title

1_

Name

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