

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELL

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-offs, 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		REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL		REPORT ON SETTING CASING	<input checked="" type="checkbox"/>

Midland, Texas.
PlaceJanuary 28, 1939.
Date

OIL CONSERVATION COMMISSION
Santa Fe, New Mexico.
Gentlemen:

DUPLICATE

Following is a report on the work done and the results obtained under the heading noted above at the The
Texas Company-Richmond Drlg. Co. State of N.M. Well No. 2 in the
Company or Operator Lease
SW-1/4 of SW-1/4 of Sec. 2, T. 25 S, R. 37 E, N. M. P. M.,
Langlie Field, Lea County

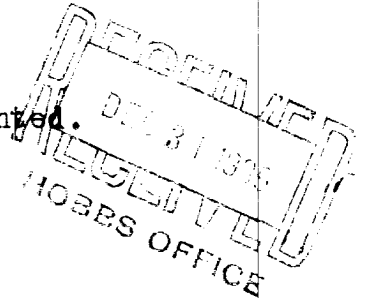
The dates of this work were as follows: January 22, 1939

Notice of intention to do the work ~~was~~ (was not) submitted on Form C-102 on _____ 19____
and approval of the proposed plan ~~was~~ (was not) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

T. D. 110 - red rock.

Lowered 15 1/2" casing and set at 110'. Not cemented.



Witnessed by _____
Name Company Title

Subscribed and sworn to before me this _____
28th day of January, 1939

D. Lord
Notary Public

My Commission expires 6-1-39

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

Name [Signature]Position District SuperintendentRepresenting The Texas Company
Company or OperatorAddress Box 1270, Midland, Texas.

Remarks:

[Signature]
Name

Title