

**SANTA FE, NEW MEXICO**

## Miscellaneous Reports on Wells

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 RESULT OF SHUT IN PRESSURE	X

November 1, 1950  
Date

Midland, Texas.  
Place

Gentlemen: \_\_\_\_\_ and the results obtained under the heading noted above at the.....

Following is a report on the work done and the results obtained under the heading noted above at the \_\_\_\_\_  
 \_\_\_\_\_ Well No. \_\_\_\_\_ in the \_\_\_\_\_  
 Western Natural Gas Company \_\_\_\_\_ Harrison \_\_\_\_\_  
 Company or Operator \_\_\_\_\_ Lease

Company or Operator  
NW 1/4 of NW 1/4 of Sec. 7, T. 25, R. 37, N. M. P. M.,  
Cooper, Jal Field Lea County.  
10 10 50

Cooper, J. J. 10-19-50

The dates of this work were as follows: 10-19-50

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The dates of this work were as follows:..... 19.....  
 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

The following pressure taken in compliance with rule 402.

<u>Well Name</u>	<u>Date Taken</u>	<u>Time Shutin</u>	<u>Shutin Pressure</u>
Harrison #1	10-19-50	24-hrs.	984.3#

Witnessed by R. T. Wright El Paso Natural Gas Co. Engineer  
Name Company Title

Subscribed and sworn before me this 7th day of June, 1964 I hereby swear or affirm that the information given above is true and correct.

day of November, 1950 Name 7. H. H. H. H. H.  
Superintendent

*Beverly M. Peckhouse*  
Notary Public

Position Division Superintendent  
Representing Western Natural Gas Company

My commission expires June 1, 1951 Address 823 Midland Tower, Midland, Texas

**Remarks:**

and tower, Midland, Texas  
 Mr. [Signature]  
 Name  
 [Signature] Inspector  
 Title