

**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 <input checked="" type="checkbox"/>	REPORT ON DEEPENING WELL
REPORT ON RESULT OF PLUGGING OF WELL	

Hobbs, New Mexico. May 29th, 1936.

Place

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 \_\_\_\_\_

**REPOLLO OIL COMPANY** **FRANCIS "A" STUART** Well No. **1** in the  
 \_\_\_\_\_ Company or Operator \_\_\_\_\_  
**NW/4 SE/4** of Sec. **10**, T. **23S**, R. **37E**, N. M. P. M.,  
**JAL** Field, **LEA** County.  
**May 29th, 1936.**

The dates of this work were as follows: \_\_\_\_\_

Notice of intention to do the work was [was not] submitted on Form C-102 on **May 28th, 1936.**

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

**DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED**

**Tested 10" 45# SS SH casing for water shut-off by bailing hole dry. Allowed to stand for 1 hour. Tested dry.**

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

Subscribed and sworn to before me this \_\_\_\_\_

**27** day of **June**, 19**36**  
**John E. Eneney**  
 Notary Public

My Commission expires \_\_\_\_\_

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

Name **F. Stuart**  
 Position **Dist. Superintendent**  
 Representing **Repollo Oil Company**  
 Address **Box # 156, Hobbs, N.M.**

Remarks:

**F. P. Vesely**  
 Title

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION  
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