



NEW MEXICO STATE LAND OFFICE
OFFICE OF THE STATE GEOLOGIST
SANTA FE, NEW MEXICO

MISCELLANEOUS REPORTS ON WELLS

Submit this report in duplicate to the State Geologist or proper Oil and Gas Inspector 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 water shut-off, result of abandonment of well, and other important operations, even though the work was witnessed by the State Geologist or Oil and Gas Inspector. Reports on minor operations need not be signed and sworn to before a notary public, but such operations should be witnessed by an Oil and Gas Inspector if possible.

Indicate nature of report by checking below:

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON DEEPENING WELL	
REPORT ON RESULT OF SHOOTING WELL		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF WATER SHUT-OFF	SS	REPORT ON REPAIRING WELL	
REPORT ON RESULT OF ABANDONMENT OF WELL			

Mr. E. H. Wells State Geologist, Bartlesville, Oklahoma October 17, 1934
Santa Fe, N. Mex. PLACE DATE

Following is a report on the work done and the results obtained under the heading noted above at the Phillips Petroleum Company C. D. Woolworth Well No. 5 in the NE 1/4 of Sec. 27, T. 24S, R. 36E, N. M. P. M., Lea County, Oil Field.

The dates of this work were as follows: October 11, 1934

Notice of intention to do the work was (was not) submitted on Form SG 103 on October 9, 1934, and approval of the proposed plan was (~~was not~~) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Casing was tested with 1200# pressure before the plug was drilled. Test approved by inspector.

Subscribed and sworn to before me this

17 day of October, 1934

NOTARY PUBLIC.

My commission expires _____

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

Name E. H. Wells

Position Vice President

Representing Phillips Petroleum Company

COMPANY OR OPERATOR.

Address Bartlesville, Oklahoma

Remarks:

J. M.

NAME

TITLE