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MGRRE_PureOilScoutTickets_Salzman Mineral Bath_na_na

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MGRRE_PureOilScoutTickets_Salzman Mineral Bath_na_na

API na

Permit Number na

Lease Name Salzman Mineral Bath

Well Number na

County Berrien

Township 4S

Range 18W

Section 18

2021 DEQ or Pure co_name na

Pure Number 7

Latitude 42.1234438

Longitude -86.4466117

THE PURE OIL COMPANY

THE PURE OIL COMPANY

DATE July 26 1928

LOCATION REPORT

No.

STATE Mich COUNTY Berrien DIST Benton SEC. 18 TOWN 4S RANGE 18W

WELL No. _____ (SERIAL No. 7) FARM Salzman Mineral Bath ACRES _____

NAME OF STREAM OR WATERS _____ QUADRANGLE _____

OPERATOR _____ MAP 1/4" = 1 mi.

Feet from North Line of Farm

" " East " " "

" " South " " "

" " West " " "

Feet from North Line of Section

" " East " " "

" " South " " "

" " West " " "

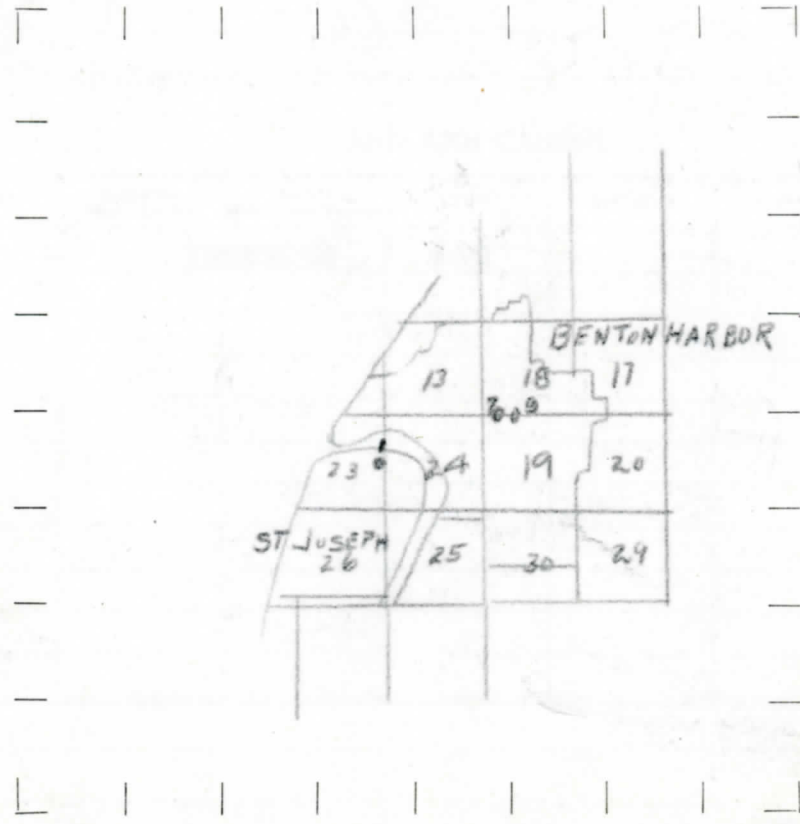
500
300'

LEGEND

- LOCATION
- ⊕ RIG
- ⊕ DRILLING
- ⊗ GAS WELL
- OIL WELL
- ⬮ SMALL OIL WELL
- ⊕ DRY HOLE
- ⊕ DRY SHOWING OIL
- ⊕ DRY SHOWING GAS
- ⊕ ABANDONED LOCATION
- ⊕ ABANDONED GAS WELL
- ⊕ ABANDONED OIL WELL

NOTE: Below make tracing from map (when no map is obtainable make sketch), showing farm, center of section, this location with measurements and also wells, dry holes, or other locations in the vicinity of this location. Make copy to keep for reference and send original to Columbus office.

Elev
600



REMARKS: _____

SIGNED

Superintendent or Foreman.

Saginaw Michigan Special DIVISION

COMPLETION RECORD

No. 7

DATE July 28th 1928

STATE Michigan COUNTY Berrien DIST. TWP. Benton SEC. 18 TOWN 48 RANGE 18W
PREC.

WELL No. _____ (SERIAL No. 7) FARM Salzman Mineral Bath ACRES _____

NAME OF STREAM OR WATERS _____ QUADRANGLE _____

OPERATOR _____ MAP 1/2 inch - 1 Mile

LOCATION REPORT SENT IN (DATE) July 28th 1928

WELL STARTED (DATE) 1904 WELL COMPLETED (DATE) 1904

OIL WELL

GAS WELL

DRY HOLE

ABANDONED WELL

CROSS OUT THREE OF THE ABOVE

(Water Well)

WELL RECORD

DATE OF SHOT _____ NUMBER OF QUARTS _____

1st 24 HOURS PRODUCTION			BARRELS OR FEET
2nd	"	"	" " "
3rd	"	"	" " "
4th	"	"	" " "
5th	"	"	" " "

SAND AND CASING

CASING SIZE	WEIGHT	CASING Feet Inches	SAND Name and Nature	TOP	BOTTOM	TOP PAY	BOTTOM PAY	SALT WATER
			<u>TRAVERSE</u>	<u>640</u>				

REMARKS _____

NOTE:— MAKE COPY TO KEEP FOR REFERENCE AND SEND ORIGINAL TO CHICAGO OFFICE. LIST MATERIAL CHARGEABLE TO WELL ON OTHER SIDE. SIGNED _____ SUPT. OR FOREMAN _____