NUMBER OF OPI									
DISTRIBUTION									
SANTA FE		1							
FILE									
U. 5. G. 5.									
LAND OFFICE									
TRANSPORTER	OIL								
TRANSPORTER	GAS		l						
PROBATION OFFI	C.E.	-5							
CO ERATOR		645							

## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103

<b> </b>	LAND OFFICE	(Rev 3-55)													
	TRANSPORTER	GAS			MISCELLANEOUS REPORTS ON WELLS										
<b>l</b>	<b>CPERATOR</b>	(Submit to appropriate District Office as per Commission Rule 1106)													
Na	Name of Company  Don H. Ford  Address  P.O. Box 567, Coswell, N.M.														
I a	ase		Don 1	. F	ord	Well	l No.	Unit	Letter		Township	oswerr		oe .	
Le		on -	State			" -	1	I	_	35	195.	•	Kan	ge 9 E.	
	te Work Pe 5 <b>-</b> 5-63	rformed			Pool Wild <b>c</b> a	t					County Ea <b>dy</b>				
	THIS IS A REPORT OF: (Check appropriate block)														
Beginning Drilling Operations Casing Test and Cement										) [	Other (E	xplain):			
Plugging Remedial Work															
De	Detailed account of work done, nature and quantity of materials used, and results obtained.														
	Spud 5-1-63, drilled to 362, ren 362° of 85/8° 22 lb. used pipe, cemented with 50 sacks of cement, allowed 24 hours for cement to set, drilled out and bail tested.  **Ref shut off.**  **Ref = 1.50**  **Ref														
	AUG 1 3 1963														
	AUG 1 3 1963														
	ARTESIA, OFFICE														
													IA, OF	FICE	
Witnessed by Position Operator									r	Company Don H. Ford					
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY															
			1						WELL	DATA	ID				
D F Elev. TD PBTD						J	Producing Interval Completion Da					ompletion Date			
Tu	bing Diame	eter	· ·		Tubing Depth				Oil Stri	ng Diame	ter	Oil Stri	ng Der	oth	
Perforated Interval(s)															
Open Hole Interval Producing Formation(s)															
RESULTS OF WORKOVER															
	Test	Ι	Date of Test		Oil Productio BPD	n		Gas Producti MCFPD			roduction PD	GOR Cubic feet		Gas Well Potential	
	Before orkover														
W	After orkover														
OIL CONSERVATION COMMISSION								I her to th	I hereby certify that the information given above is true and complete to the best of my knowledge.						
Approved by ML armistronia							Name	Name Long Hand							
Title OIL SES GAS FASPECTOR							Posit	Position							
Da	te				AUG 1 3 19	63			Comp	any	L				