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# NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Form C-103 for 8/1/66)

Name of Company **Socony Mobil Oil Company, Inc.** Address **Box 2406, Hobbs, New Mexico**

Lease **State Bridges** Well No. **24** Unit Letter **M** Section **13** Township **17 S** Range **34 E**

Date Work Performed **8/1/61** Pool **Vacuum** County **Lea**

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☐ Casing Test and Cement Job
 ☒ Other (Explain): **Temporarily Abandoned**  
☐ Plugging
 ☐ Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

**TD: 4700'**

**Held for water injection well.**

Witnessed by \_\_\_\_\_ Position \_\_\_\_\_ Company \_\_\_\_\_

### FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

#### ORIGINAL WELL DATA

D F Elev. \_\_\_\_\_ T D \_\_\_\_\_ P B T D \_\_\_\_\_ Producing Interval \_\_\_\_\_ Completion Date \_\_\_\_\_

Tubing Diameter \_\_\_\_\_ Tubing Depth \_\_\_\_\_ Oil String Diameter \_\_\_\_\_ Oil String Depth \_\_\_\_\_

Perforated Interval(s) \_\_\_\_\_

Open Hole Interval \_\_\_\_\_ Producing Formation(s) \_\_\_\_\_

### RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

### OIL CONSERVATION COMMISSION

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved by \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Position **Senior Clerk**

Date \_\_\_\_\_ Company **Socony Mobil Oil Company, Inc.**