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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**MISCELLANEOUS REPORTS ON WELLS**

**FORM C-103**  
(Rev 3-55)

(Submit to appropriate District Office or to the State Office, Santa Fe, N.M.)

Operator <b>Socony Mobil Oil Company, Inc.</b>		Address <b>Box 2406, Hobbs, New Mexico</b>	
Case <b>State Bridges</b>	Well No. <b>40</b>	Unit Letter <b>A</b>	Section <b>14</b>
		Township <b>17S</b>	Range <b>34 E</b>
Date Work Performed <b>7-1-62</b>	Pool <b>Vacuum</b>	County <b>Lea</b>	

**THIS IS A REPORT OF: (Check appropriate block)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Beginning Drilling Operations | <input type="checkbox"/> Casing Test and Cement Job | <input checked="" type="checkbox"/> Other (Explain): |
| <input type="checkbox"/> Plugging                      | <input type="checkbox"/> Remedial Work              | <b>Temporarily Abandoned</b>                         |

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

TD: 4755'  
 PBTD: 4733'

**Held for possible secondary recovery.**

Witnessed by	Position	Company
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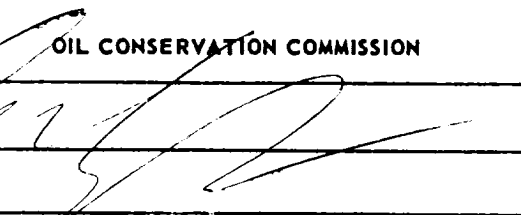
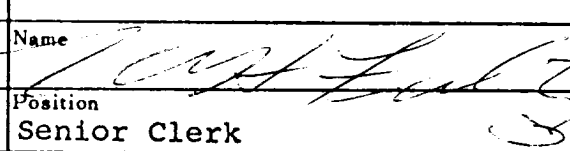
**FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY**

**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						

<b>OIL CONSERVATION COMMISSION</b> Approved by  Title Date		I hereby certify that the information given above is true and complete to the best of my knowledge. Name  Position <b>Senior Clerk</b> Company <b>Socony Mobil Oil Company, Inc.</b>
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