

RECEIVED	
FILE	DATE
AND OFFICE	
MANAGER	OIL
OPERATION OFFICE	DATE
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Regulation Rule 1706)

Name of Company **Socony Mobil Oil Company, Inc.**

Address **Box 2406, Hobbs, New Mexico**

Lease **New Mex "Q"**

Well No. **2**

Unit Letter **L**

Section **15**

Township **19 S**

Range **37 E**

Date Work Performed  
**7-1-62**

Pool  
**Eumont**

County  
**Lea**

THIS IS A REPORT OF: (Check appropriate block)

☐ Beginning Drilling Operations

☐ Casing Test and Cement Job

☒ Other (Explain):

☐ Plugging

☐ Remedial Work

**Temporarily Abandoned**

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

TD: **4000'**

PBTD: **3985'**

**Held for possible secondary recovery.**

Witnessed by

Position

Company

### FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

#### ORIGINAL WELL DATA

D.F. Elev.

TD

PBTD

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.**