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					· NÎ	EW	EXIC	.0 ni	i cui	NSEPV	VATION P	OMMISS	ION		FORM C-103	
FILE U.S.G.S. LAND OFFICE		+			4	NEW MEXICO OIL CONSERVATION COMMISSION FORM C-103 (Rev 3-55) MISCELLANEOUS REPORTS ON WELLS										
TRANSPORTER	OIL GAS															
PRORATION OFFI					(Subm	it to ap	opropr.		-		as per Comp	wission h	gule 11:	06)		
Name of Comp Great	bany	tro D	r1114	12 (	Company	_	_	-		k 1659	, Midland	, Texa				
Lease		<u>u li</u>		<u>-0 (</u>	y	Well No	o.			Section	Township 9-S			ange 37	 7-е	
ODC "	rformed	1	Ţ,	Pool	<u>_</u>	2	<b>\</b>	N		5	County			، <del>د</del>		
Date Work Per February	2 <b>,</b>	1962				son-Pe						Lea				
						S A REP asing Te					ate block)	:plain).				
Beginnis		ung Op	reration	5		asing Te emedial		eme	JOD	ł	Le Guer (E					
Plugging			<u> </u>	157				used	nd	ilts obt-	ined.			<del></del>		
Detailed acco	ount of	work d	JUE, DA	ure al	a quantity	JI MAL		ی ولادینی مسر		0 744 *	W1+5 100	) ganh-	18m-1	1	cement	
9 <b>732'</b> o	of 4-	1/2"	<b>J-</b> 55,	, 11.	.of casi	ING W	48 CL	ement	. <b>eu</b> (d	∍744 '	with 150	acKi	- <b> 8</b> 4	كلغوي		
<b>plus</b> 50	cu.	ft.	Strat	a Ci	rete '6'	' plui	<b>8</b> 4%	gel,	P.D.	. @ 2:	:00 P.M.					
After 24 hrs. a pressure of 1500 psi was applied at the surface. There was no																
pressure drop.																
					······						<u> </u>	<u></u>				
Witnessed by				_		1	sition Tool	р	10-	l	Company Great W	ester-	Dri <sup>11</sup>	line	Company	
<u>G</u> ı	urley	y Char	pman_	F	LL IN BE	ELOW F	FOR R	Push REMED	DIAL W	ORK R	EPORTS ON					
		<u> </u>					ORIGI	INAL W	WELL D	DATA					Nation D	
D F Elev.			TD			- <b></b> ,	PBTD	D			Producing	Interval	Ĩ	Com	pletion Date	
Tubing Diame	eter		<u> </u>	Tubin	ng Depth	<u>l</u>	·	<u> </u>	Oil Strie	ing Diame	eter	Oil	String D	Depth		
-		<del></del>		Ĺ		·	<u></u>	<u>l</u> _	<u> </u>		<u></u>					
Perforated In	terval	(s)		-			-			_						
Open Hole In	terval		<u></u>					]1	Produci	ing Form	nation(s)				<del></del>	
						p	ESUL	TS OF	WOPP	KOVER						
-	Τ	Date of		;	il Productio	T	Gas F	Product	tion	Water	Production		GOR		Gas Well Potential	
Test	L	Date of Test		$\downarrow$	BPD			ICFPD			BPD		feet/Bbl	<u>"</u>	MCFPD	
Before Workover		_	_													
After Workover	1			T										1		
	J			_ <b>_</b>					I here	eby certi	ify that the in	iformation	given a	above	is true and comple	
	0	IL CON	ISERVA	NOIT		ION	_		to th	ie best o	of my knowledg	.55.				
Approved by									Name		-010				0.H.Crews	
4.	<u> </u>	<u></u>					<u></u>	<u></u>	Positi	t10f1	Here		- <u></u>	<u></u>		
Title	-	۰. <sup>-</sup>	_	<b>u</b> -					A	dminis	strative (		nator		<u></u>	
Date	<u>.                                    </u>				<u></u>				Comp	hany	Western D					
									- j - G.	-radi y	MAMPERT P		<u>`</u>			