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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 Commission Rule 1106)

1963 JAN 15 AM 9 53

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

Lease: **State Bridges** Well No.: **97** Unit Letter: **P** Section: **26** Township: **17S** Range: **34E**

Date Work Performed: **12/31 thru 1/2/63** Pool: **Undesignated** County: **Ira**

THIS IS A REPORT OF: (Check appropriate block)

- Beginning Drilling Operations
- Casing Test and Cement Job
- Other (Explain):
- Plugging
- Remedial Work

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

Set 6750' of 11.4# J-55 5" casing @ 6750'. Cemented w/1500 sx Trinity Inferno lite Water + 75 sx Trinity Inferno neat cement. Plug down @ 4:30 PM 12/31/62. Did not circ. cement. WOC 8 hrs. Worth Well ran temp. survey, top of cement @ 2640'. WOC 28 hrs. Drilled out cement 6679-6703'. Tested 5" casing w/2000# for 30 mins. Tested OK.

Witnessed by: **Earl D. Hughes** Position: **Drilling Foreman** Company: **Socony Mobil Oil Company, Inc.**

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: *[Signature]* Name: **J. J. McDaniel**

Title: **Group Supervisor** Position: **Group Supervisor**

Date: _____ Company: **Socony Mobil Oil Company, Inc.**