## NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-103) (Revised 7/1/52)

Santa Fe, New Mexico



Submit this report in TRIPLICATE to the District Office, Oil Conservation Commission, within 10 days after the work specified is completed. It should be signed and filed as a report on Beginning Drilling Operations, Results of test of casing shut-off, result of plugging of well,

|  | ant operations, even though the work was with  | enessed by an agent of the Commission. See additional                     |
|--|--|---|
|  | Indicate Nature of Report by Checkin           | ng Below  |
| REPORT ON BEGINNING<br>DRILLING OPERATIONS | REPORT ON RESULT OF TEST<br>OF CASING SHUT-OFF | REPORT ON REPAIRING WELL  |
| REPORT ON RESULT<br>OF PLUGGING WELL       | REPORT ON RECOMPLETION OPERATION               | REPORT ON (Other) Dual Completion   |
|  | April 1, 1953                                  | Hobbs, New Mexico   |
| Following is a report on the work          | done and the results obtained under the head   |   |
| Humble Oil & Refining Co                   | apeny  | Federal Fopeano (Lease)   |
| T D (m) GERRALII                           |  | 1in the   |
|  |  | ,   |
| The Dates of this work were as follows:    |  |   |
| Notice of intention to do the work (was    | (was submitted on Form (***)                   | (Cross out incorrect words) 19.52.,                                       |
| and approval of the proposed plan (was     |  | (Cross out meorreet words)  |
| DETAI                                      | ILED ACCOUNT OF WORK DONE AND R                | RESULTS OBTAINED  |
| See Attachment for Detail                  | s of work Performed                            |   |
| Witnessed by (Name)                        | Humble Oil & Refini                            | ng Company Asst. Dist. Superintende                                       |
| Approved: OIL CONSERVATION                 |  | ify that the information given above is true and complete f my knowledge. |
| Roy yeraras                                | yh Name Name                                   | Ill Hure  |
|  | Position                                       | District Superintendent   |

(Date)

Address.....