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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)

Name of Company **The Employers' Group of Insurance Co.** Address **2508 Central, S. E. Albuquerque New, Mex**

Lease **Timmons** Well No. **1** Unit Letter **33** Township **21 N** Range **30 E**

Date Work Performed **11/26 thru 12/2** Pool **Bueyeros Gas** County **Harding**

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.

Plugged back from 930' T.D. to 918' with 100 lbs. of lead wool.

Dumped 30 sacks of cement from 918' to 702'.

Shot off 8" pipe at 445'

Cement from 445' to 381'; heavy mud from 381' to 35'.

Cement from 35' to surface; cemented in 10' of 4" pipe with 4' above ground level.

100 sacks of cement used on job.

Witnessed by **R. W. Adams** Position **Partner** Company **Adams & McGahey**

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 *J. Kaptenia*
 Title *District Engineer*
 Date *Feb. 5, 1962*

Name *K. M. Oles*
 Position *Superintendent Claim Department*
 Company *The Employers' Group of Insurance Co.*