

NUMBER OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PRODUCTION OFFICE		
OPERATOR		3

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 McCoy and Stevens				Address 606 Security National Bank Bldg., Roswell,			
Lease Bogle	Well No. 1	Unit Letter J	Section 12	Township 16S	Range 31E	N. M.	
Date Work Performed 12-15-62	Pool WILDCAT			County Eddy			

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.

Well spudded 7:30 PM 12-14-62

Drilled to 402 feet. Ran 13 joints 8-5/8" 24 lb. used casing to T.D.

set @ 402 feet. Cemented with 50 sacks Regular. W.O.C. 24 hrs. Tested 30 minutes @ 800 lbs. no pressure drop indicated. Drilled out.

RECEIVED

DEC 18 1962

D. C. C.
ARTESIA, OFFICE

Witnessed by Ken Reynolds	Position Contractor	Company Pecos Drilling Co.
-------------------------------------	-------------------------------	--------------------------------------

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 <i>W. H. Armstrong</i>	Name <i>W. H. McCoy</i>		
Title OIL AND GAS INSPECTOR	Position Partner		
Date DEC 18 1962	Company McCoy and Stevens		

OIL CONSERVATION COMMISSION	
CHECK DISTRIBUTION OFFICE	
NAME	
ADDRESS	
CITY	
STATE	
ZIP	
DATE	
TIME	
BY	
FOR	
U. S. O. S.	
TRANSFER	
FILE	
BUREAU OF LANDS	