CNUMBER OF COPI			NE	WMEXIC	0 011	L CO	NSER	ATION C			· · · · -	FORM C-103	
FILE NEW MEXICO OIL CONSERVATION COMMISSION U.S.G.S. Intermediate LAND OFFICE OIL TRANSPORTER OIL										961 ^(Kev 3-55)			
			(Submit	to appropri	iate Di	strict	Office	as per Com	missio	ARTESIA	06)		
Name of Comp Ea	any P. Campbe	Address 1603 Broadway, Lubbock, Texas											
Lease		We	ell No.]			Section 35	Township 18	nship 18-S		Range 26-E			
Campbell Date Work Performed		Pool	Pool Undesig		mated			County			w Mexico		
······································				REPORT	0F : (C	beck a	ıpp r opria		~~~~	· · · · · · · · · · · · · · · · · · ·			
Beginning Drilling Operations Casing Test and Cement Job									xplain,):			
Plugging Ref				edial Work Status Report									
Eddy (date o New Mo as we the in This 6000 been	vas starte County, Ne of March I exico, Mar have a No ntention of was the we was the we We do n drilling a one if you	ew Mexico 19, 1959, rch 27, 1 of drilli ell actua not find any depth 1 so requ	• We fi and appr 959. App Intention ng the E. 11y drill any indic , and we	Positicn OW FOR R	icati the , the ll, F pbell his 4 n the consi	on f Grou re w 'orm Wel O ac sur der	or Per nd Wa as no C-101 1 No. re tr face furth	rmit to I ter Super drilling dated Ma 1-A, 330 act of la of the la er report	Drill rviso g don arch)¶ FN and d and a t nec	was fi or at Ro e at th 31, 195 IL and 2 own to is to th	Led swe is 9, 2045 apr	under ll, location showing FWL. proximately well having	
DFElev.		Тр		ORIGI		ELL D	ATA	Producing	Interv	al	Co	mpletion Date	
					Oil String I					Oil String Depth			
Tubing Diameter			g Depth			ai strii				on oning		44 	
Perforated In	erval(s)												
Open Hole Interval							Producing Formation(s)						
		<u></u>		RESUL	TS OF	WORI	OVER					······································	
Test	Date of Test	Oi	Oil Production BPD		Producti CFPD			Production BPD	Cub	GOR Cubic f ee t/Bbl		Gas Well Potential MCFPD	
Before Workover													
After Workover									Ļ			<u> </u>	
OIL CONSERVATION COMMISSION							I hereby certify that the information given above is true and complet to the best of my knowledge.						
Approved by							Name						
Title							Position						
Date						Comp	any		E. P	• Campb	æll	, Deceased	

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