

## 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 <b>Leonard Nichols</b>				Address <b>Box 123, Maljamar, New Mexico</b>			
Lease <b>Humble State</b>		Well No. <b># 1</b>	Unit <b>L</b>	Section <b>9</b>	Township <b>18</b>	Range <b>28</b>	
Date Work Performed <b>8-14-59</b>		Pool <b>Artesia</b>			County <b>Eddy</b>		
THIS IS A REPORT OF: (Check appropriate block)							
<input type="checkbox"/> Beginning Drilling Operations <input type="checkbox"/> Casing Test and Cement Job <input type="checkbox"/> Other (Explain): <input checked="" type="checkbox"/> Plugging <input type="checkbox"/> Remedial Work							
Detailed account of work done, nature and quantity of materials used, and results obtained.  <b>Ran 15 sack cement plug in bottom 2555 feet.</b> <b>Ran 10 sack plug at 520 feet.</b> <b>Ran 10 sack cement at 255 feet.</b> <b>Ran 5 sack plug and cemented marker.</b>  <b>Pits covered and location cleaned.</b>							
Witnessed by <b>O.L. McCutcheon</b>		Position <b>Supt.</b>		Company <b>Leonard Nichols</b>			
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.A. Gressett</i>				Name <i>O. L. McCutcheon</i>			
Title <b>OIL AND GAS INSPECTOR</b>				Position <b>Supt.</b>			
Date <b>SEP 24 1959</b>				Company <b>Leonard Nichols Box 123 Maljamar, N.M.</b>			

OIL POLLUTION INFORMATION

NAME OF VESSEL		ED
TYPE OF VESSEL		
DATE OF INCIDENT		
LOCATION OF INCIDENT		
NATURE OF INCIDENT		
OIL TYPE		
QUANTITY OF OIL		
CAUSE OF INCIDENT		
ACTION TAKEN		
CONTACTED AGENCIES		
REMARKS		