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FILE		,		
U.S.G.S.				
LAND OFFICE			$\neg \neg$	
TRANSPORTER	OIL			
INAMSFOREN	GAS		ľ	
PRORATION OFFI	CE			
SPERATOR		,		

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103 (Rev 3-55)

	TRANSPORTER GAS MISCELLANEUUS REPURIS UN WELLS																				
ł	©ERATOR (Submit to appropriate District Office as per Commission Rule 1106)																				
Name of Company Address C/O in . i. Sweeney																					
LUSLER & BRELDON DOX 1582, NOSWELL W. L.																					
Lea	ase	U ₁₁	9. r %	. 3 t.	a t .	e			W	ell N	o. 1	Unit	Letter		ection 15	Township	98		ang		
Dat	te Work						ool		Let 4	ild		<u> </u>			<u>- /</u>	County		L		- No. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
	ے ۔ ر	O4F						THI				OF:	(Checi	at	brobeic	te block)		wady			
	THIS IS A REPORT OF: (Check appropriate block) Beginning Drilling Operations Casing Test and Cement Job Other (Explain):																				
Plugging Remedial Work												Intention to plug									
Detailed account of work done, nature and quantity of materials used, and results obtained.																					
	cole dry at TD of 227. Intend to plug and scandon																				
by filling nole with cuttings and placing 20 seck																					
	cement plug at top of hole and installing regulation																				
						< € 1															
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-MAR 3 1964												3 1964									
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Wit	nessed	by					···		~	Pos	ition			Company							
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D F	Elev.				T D	1					BTE									mpletion Date	
T. 1: D: Im.										<u> </u>					lou o						
Tubing Diameter Tubin					ubing	ing Depth				Oil String Diamete			ter	Oil String I	ng Depth						
Per	forated	Interva	al(s)			-						1	- 		• • • • • • • • • • • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·			
Оре	Open Hole Interval												Producing Formation(s)								
										RE	SULT	rs oi	WORKOVER								
	Test	Lest			Oil Production BPD				Gas Produc MCFP			V		Production PD Cub		GOR ubic feet/Bbl		Gas Well Potential MCFPD			
	efore orkover																				
	After orkover																				
	OIL CONSERVATION COMMISSION									I hereby certify that the information given above is true and complete to the best of my knowledge.											
Approved by ML Clinistring									Name // // / / / / / / / / / / / / / / / /												
Title Sil AND SAS INSPECTOR								Position/													
MAR 3 1984							Company Resident Section														