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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	Address				
American Employers Insurance Company	Albuquerque Claims Dept., Albuquerque, New Mex.				
Lease	**Well No.**	**Unit Letter**	**Section**	**Township**	**Range**
De Baca	1	NW/4	19	20N	31E
Date Work Performed	**Pool**		**County**		
2-1-61 / 2-26-61			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.

Cleaned out to 1325'
Placed 12 sack cement plug 1325' to 1205'
Filled 1205' to 900' w/ heavy plugging mud
Placed 5 sack cement plug 900' to 850'
Heavy mud 850' to 200'
Placed 5 sack cement plug 200' to 150'
Heavy mud 150' to 20'
Cement Plug 20' to surface; regulation marker set in cement.

Witnessed by	Position	Company

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	Name
Title	Position Drilling Contractor
Date	Company