

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 J. H. Reynolds			Address P. O. Box 1112, Cisco, Texas			
Lease Cannon	Well No. 1A	Unit Letter L	Section 17	Township 10S	Range 25E	
Date Work Performed 10-13-60	Pool Undesignated			County Chaves		

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.

Well permanently abandoned per previous plugging program
and your letter of 2-21-62 advising temporary abandonment permission
expired 10-1-62.
Dry hole marker erected
Pits will be filled

Witnessed by Jim Wright W. W. Sawyers	Position State Engineer Tool Pusher	Company J. H. Reynolds
-----------------------------------------------------------	---------------------------------------------------------	----------------------------------

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev. 3524	T D 940	P B T D	Producing Interval -0-	Completion Date 10-13-60
Tubing Diameter -0-	Tubing Depth -0-	Oil String Diameter -0-	Oil String Depth -0-	
Perforated Interval(s) -0-				
Open Hole Interval 624 - 940			Producing Formation(s) None	

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>Howard E. Lobley</i>			Name Charles A. Clark <i>Charles A. Clark</i>		
Title			Position Office Manager		
Date			Company J. H. Reynolds		

OIL CONSERVATION COMMISSION	
MEXICO DISTRICT OFFICE	
No. Copies Received	3
DATE RECEIVED	
ORIGINATOR	
PROJECT NO.	
PROJECT NAME	
STATE	
U.S. C.S.	
TRANSFERRER	
FILE	
REMARKS	