

## 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>Socony Mobil Oil Company, Inc.</b>			Address <b>Box 2406, Hobbs, New Mexico</b>			
Lease <b>Capps Federal</b>	Well No. <b>1</b>	Unit Letter <b>J</b>	Section <b>12</b>	Township <b>9S</b>	Range <b>35E</b>	
Date Work Performed <b>6-6-60</b>	Pool <b>Bough</b>			County <b>Lea</b>		

THIS IS A REPORT OF: (Check appropriate block)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Beginning Drilling Operations | <input type="checkbox"/> Casing Test and Cement Job | <input checked="" type="checkbox"/> Other (Explain): |
| <input type="checkbox"/> Plugging                      | <input type="checkbox"/> Remedial Work              | <b>Temporarily abandoned.</b>                        |

Detailed account of work done, nature and quantity of materials used, and results obtained.

**TD: 9634**  
**Study for possible workover or recompletion.**

Witnessed by	Position	Company
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## 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 <i>B H Samples</i>
Title	Position <b>District Superintendent</b>
Date	Company <b>Socony Mobil Oil Company, Inc.</b>