

## 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>P. O. Box 2406, Hobbs, New Mexico</b>				
Lease <b>Capps Federal</b>	Well No. <b>5</b>	Unit Letter <b>F</b>	Section <b>13</b>	Township <b>9S</b>	Range <b>35E</b>	
Date Work Performed <b>1-1-61</b>	Pool <b>Bough</b>	County <b>Lea</b>				

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations      ☐ Casing Test and Cement Job      ☒ Other (Explain):  
☐ Plugging      ☐ Remedial Work      **Temporarily abandoned.**

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

TD: 9655

PBD: 9640

Study for possible workover or recompletion.

THIS REPORT IS NOT TO BE  
USED FOR ANY OTHER PURPOSE  
EXCEPT FOR THE WELL  
FOR WHICH IT WAS MADE.

Witnessed by	Position	Company
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## FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

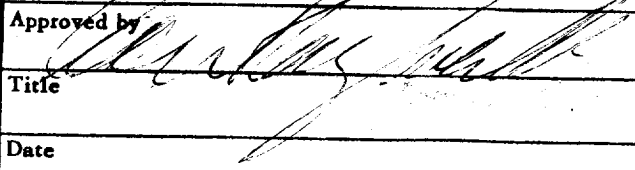
ORIGINAL WELL DATA					
D F Elev.	TD	PBD	Producing Interval	Completion Date	
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth		
Perforated Interval(s)					
Open Hole Interval			Producing Formation(s)		

## 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 <b>D H Samples</b>
Title	Position <b>District Superintendent</b>
Date	Company