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|--------------------------------|--|---|--|--|--|--------------------|-------------------|--------------------|---------------------------------------|--|
| 1 | • • | NEW MEXIC | | | | | | | FORM C-103 (Rev 3-55) | |
| | | MISCELI | ANEOUS | REPOR | STS OF | WELLS | | Norse de Second | ice non | |
| | · · · · · · · · · · · · · · · · · · · | (Submit to appropri | ate District C |)ffice as | per Com | mission Ru | | | ten la la didigi y | |
| Name of Com | - · | | | Addre | | | 1000 GG | 13 / | 1 9 35 | |
| ÷ | Cabot | Corporatio | | P | . 0. | Box 439 | 5, Mid1 | and. | Texas | |
| Lease | OF New Mari | 1 | ell No. Ur | it Letter | | | - | Rang | | |
| Date Work Pe | Of New Mexi | Pool | _ | G | 30 | L | 11-8 | | <u>35-r</u> | |
| | | | dcat A REPORT OF | : (Check | | | I . | 63 | . | |
| Beginni | ng Drilling Operation | | ing Test and C | | | | Explain): | | ······ | |
| Pluggin | 2 | | Remedial Work | | | | | | | |
| | | ature and quantity of | | d | | | | | | |
| ρıu | 10,549 10,211 10,115 5,670 4,264 1,375 380 14 | et at the f ' - 10,480' ' - 10,177' ' - 10,063' ' - 5,636 ' - 4,195' ' - 1,360' ' - 375' ' to surface med - 105 st | - 20 sa - 10 sa - 15 sa - 10 sa - 20 sa - 10 sa - 10 sa a - 10 sa | cks cks cks cks cks cks | | | | | | |
| The Witnessed by | Off and Position | Supt. Cabot Corporation | | | | | | | | |
| | | FILL IN BELO | | | | PORTS OF | NLY | | | |
| | | | ORIGINA | LWELLD | ATA | | | | | |
| D F Elev. T D | | PBTD | | | | Producing Interval | | Completion Date | | |
| Tubing Diameter | | Tubing Depth | | Oil String Diameter | | Oil String Depth | | | | |
| Perforated Int | erval(s) | | | | | | | | | |
| Open Hole Interval | | | | | Producing Formation(s) | | | | | |
| | | | RESULTS | JE WORK | OVER | | | | · · · · · · · · · · · · · · · · · · · | |
| Test | Date of Test | Oil Production BPD | Gas Prod MCFI | uction | Water P | roduction PD | GOR Cubic feet | | 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 Leslie A. Clementy | | | | | Name faxer & Equin | | | | | |
| Title | / | | : 1 ⁵ | Positi | on | Di at | Brod | Runt | | |
| Date | Compa | Cabot Corporation | | | | | | | | |
| | | | | | | | | | | |