

**FORM C-103**  
(Rev 3-55)

HOBBS OFFICE OCC

(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>Jacobs-Federal</b>		Well No. <b>2</b>	Unit Letter <b>D</b>	Section <b>19</b>	Township <b>8S</b>	Range <b>35E</b>	
Date Work Performed <b>1-11-60</b>		Pool <b>Milnesand Pennsylvanian</b>			County <b>Roosevelt</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.							
<p><b>TD: 9325</b>  <b>PBTD: 9321</b></p> <p><b>Held for possible recompletion.</b></p>							
<p>IF COMMISSION MUST BE NOTIFIED          60 DAYS MONTHS ON FORM C-103          TO THE WELL STATUS AND YOUR          WELL PLANS FOR 1960</p>							
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 <i>W. H. Dangle</i>			
Title				Position <b>District Superintendent</b>			
Date				Company <b>Socony Mobil Oil Company, Inc.</b>			