NUMBER OF COPIE	ES ECEIVED		
011	TRIBUTION		
SANTA FE	T		
FILE			
U. 9 G 9			
LAND OFFICE			
TRANSPORTER	OIL		
THANSPORTER	GAS		
PRORATION PFFI		1	
SPERATOR			

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103 (Rev 3-55)

TRANSF	PORTER	MISCELL ANEQUE DEDODES ON WITH																
	Gubmit to appropriate District Office as per Commission Rule 1106)																	
Name of Company Humble Cil & Refining Company Box 2100, Hobbs, New Mexico 88240																		
Lease			-		<u> </u>		Well N	o.	Unit	Letter	Secti	on	Township	, 14C		Rang		
	New Me			ate			1		1	4		6	1 -		1	_	33 - E	
i e	rk Perfori				Pool	-	. ,					-	County				22	
12-20, 21-64 Undesignated Chaves																		
Ber	THIS IS A REPORT OF: (Check appropriate block)																	
Beginning Drilling Operations Casing Test and Cement Job Other (Explain): Plugging Remedial Work																		
		~f =	-ask dos			and quantity of									-, ,			
Ran 3588' (111 jts.) 7-5/8" casing, 24#, H-40, set at 3603. Cemented with 300 sxs. Reg. 85 Gel followed by 200 sxs. Reg. Neat. Cement did not circulate. POB 11:40 a.m. 12-21-64. WOC 18 hours. Top of cement 1800' by temp. survey. Tested casing with 1500# pressure for 30 minutes no drop in pressure. Drilling.																		
Witnesse		Sŗ	o ar kma	an			Fi	ition eld							Oil & Re	efi	ning Company	
			 -		F	ILL IN BEL						RE	PORTS ON	ILY				
D F Elev			17	. D						WELL	DATA		1					
				. U			۲	BTD	į.				Producing Interv		al Completion Date		mpletion Date	
Tubing D	iameter			Tubing Depth				Oil St			ring Diameter		er		Oil String Depth		ь	
Perforate	d Interva	i(s)													<u> </u>			
Open Hol	- Interve					 -			 									
Орев пол	e interva.	ļ								Produc:	ing Forn	nat	cion(s)					
RESULTS OF WORKOVER																		
Test			ate of		O	il Production BPD	roduction Gas Product		tion Water P		Pt	roduction		GOR		Gas Well Potential		
Before Workove	er .				_		+	ACFFU			 	BPD		Cubic feet/Bb		1	MCFPD	
After Workove	z .				<u> </u>	 .	+				-							
· · · · · · · · · · · · · · · · · · ·	J				<u></u>	·				I her	ebv cert	ify	that the in	forma	rion eiven s	hove	is two and complete	
OIL CONSERVATION COMMISSION						to the	I hereby certify that the information given above is true and complete to the best of my knowledge.											
Approved by						Name	Name											
Title							Positi	Position Dist. Adm. Supvr.										
Date	Date						Comp	iny		<u>_</u>	_	• -						
		_									Hum b.	те	0il & R	ceri.	ning Con	npar	ny	