

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)

HOODES OFFICE 000

Name of Company **HARVEY L. HURLEY** Address **912 Midland Bldg. 4 PM 3:37**Lease **Atlantic State** Well No. **Ac. 4 #6** Unit Letter **P** Section **27** Township **14** Range **33**Date Work Performed **1/3 & 1/18/60** Pool **Saunders** County **Lea**

THIS IS A REPORT OF: (Check appropriate block)

- ☒ Beginning Drilling Operations ☐ Casing Test and Cement Job ☐ Other (Explain):
☐ Plugging ☐ Remedial Work **17-1/2" hole 13-3/8" csg**

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

Spudded well 1/3/60 w/cable tools
Moved in rotary (1/18/60) and ran 314' 40" 13-3/8" csg set w/300 ex cement
circulated
Tested w/1000' pressure. tested OK.

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 **Agent**
Title _____ Position _____
Date _____ Company **Harvey L. Hurley**