## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103 (Rev 3-65)

## MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Compan	,	ripaktorius Centennistellillinissa estambilitatishinin mengampaktori		Addr				Services and the service of the serv	
Lease	D Inc.		Well No.			352, Mid Township	land, Texas		
State of N.	a. "o" net	<b></b> ⊲	22	J P	i	17-6	IX8)	32- <b>5</b>	
Date Work Perfor	med	rool		<del></del>		Causiy			
May 2, 19	760		oberts	7 AP (C)		Andrew Printers and State of the State of th	PAR	andra at control to the angular and analysis and analysis at the same of the s	
Beginning 1	Daillia Oasaa			T OF: (Checand Comment )		zie block) [=  Other (f.	7		
	onining Operat						•	W 0 1060	
Plugging Remedial Work Ditailed account of work done, nature and quantity of materials				To correct report of May 2, 1960					
gel and 100 1960. Tested 7-5, Tested 0.K.	) ax regul /8" O.D. c . Drilled	Spedded 9-7/8 0.D. casing, er. Circulat saing for 30 cament plug Tested G.K.	" hale 2 24:00 lb e cement minutes and re-t	vith 800	t 1323' BI fro '30 mir	m 2:00 t mtos fro	complete 1:50 co 2:30 A.M., m 4:30 to 5:0	AN, May 2, May 3, 1960.	
Witnessed by Position  FILL IN BELOW FOR R					MUBIC B	Company			
		TILL IN DE		GINAL WELL		eron, so	11.1		
D F Elev. T D PBTD					Producing Interval Completion Date				
Tubing Diameter		Tubing Depth		Oil St	Oil String Diameter		Oil String Depth		
Perforated Interv	val(s)								
Open Hole Interval				Produ	Producing Formation(s)				
			RESU	LTS OF WOI	RKOVER	NOTICE AND ADDRESS OF THE PARTY.	. 1000 principality report (a) per a Career i same riberation co mis directions servicilis i		
Test	Date of Test	Oil Production		Production ICFPD		Production PD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD	
Before Workover									
After Workover						ige to the difference will be a similar or the common of t			
OIL CONSERVATION COMMISSION					I hereby certify that the information given above is true and complete to the best of my knowledge.				
Approved by				Nam	Name Alline				
Title /			1.	Posi	Position Assistant District Superintendent				
Date Compa									