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**NEW MEXICO OIL CONSERVATION COMMISSION** FORM C-103  
(Rev 3-55)  
**MISCELLANEOUS REPORTS ON WELLS** OFFICE O.C.C.  
DEC 16 7 30 AM '63  
 (Submit to appropriate District Office as per Commission Rule 1786)

Name of Company <b>Socony Mobil Oil Company, Inc.</b>				Address <b>Box 1800, Hobbs, New Mexico</b>			
Lease <b>Cone Estate</b>		Well No. <b>2</b>	Unit Letter <b>E</b>	Section <b>26</b>	Township <b>15 S</b>	Range <b>36 E</b>	
Date Work Performed <b>11/22 thru 12/6/63</b>		Pool <b>Dean Permo Perm.</b>			County <b>Lea</b>		

**THIS IS A REPORT OF: (Check appropriate block)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Beginning Drilling Operations | <input type="checkbox"/> Casing Test and Cement Job | <input type="checkbox"/> Other (Explain): |
| <input checked="" type="checkbox"/> Plugging           | <input type="checkbox"/> Remedial Work              |   |

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

Moved in & rigged up C. E. Knight Unit. Pulled tbg. & pkr. Ran tbg. open ended to 11,559'. Circ. hole with mud laden fluid. Spotted 10 sx cement plug 11,559-11,469'. Ran free point indicator, csg. free @ 9,987'. Cut 5 1/2" csg. @ 9,987' and pulled. Spotted 25 sx cement plug 10,027-9,625'. Spotted 25 sx cement plugs @ 7,550', 6,475' and 4,975'. Spotted 10 sx cement plug @ surface. Mud laden fluid between plugs. Installed regulation monument. Well plugged & abandoned 12/6/63.

Witnessed by <b>J. R. Short</b>	Position <b>Drilling Foreman</b>	Company <b>Socony Mobil Oil Company, Inc.</b>
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**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 <i>Leslie H. Clement</i>	Name <i>McKinnel</i>
Title	Position <b>Group Supervisor</b>
Date	Company <b>Socony Mobil Oil Company, Inc.</b>