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NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 311001)

Name of Company **Socony Mobil Oil Company, Inc.** Address **Box 1800, Hobbs, New Mexico**

Lease **New Mex "K"** Well No. **1** Unit Letter **B** Section **5** Township **16 S** Range **37 W**

Date Work Performed **12/11 thru 1/1/53** Pool **Dean Perm Perm.** County **Lea**

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☐ Casing Test and Cement Job
 ☒ Other (Explain): **Acidize**
- ☐ Plugging
 ☐ Remedial Work

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

Moved in & rigged up Clarke Well Service unit. Pulled rods & pump. Acidized perfs. 10,702-10,730' w/3000 gals 15% HCl acid. Trt. pr. 2100#. Rate 5 BPM. Pulled tbg. Ran tbg. w/retrievable head. Ran to 10,900', plug went down hole. Ran tbg. to 11,375' & found bridge plug. Pulled tbg. & recovered bridge plug. Ran sand pump, tagged bottom @ 11,498'. Left bottom of pump in hole (3" OD x 8" long). Ran 2 1/2" tbg. to 11,469' w/perfs. 11,437-11,440'. SN @ 11,436'. McGaffee Taylor anchor @ 11,346'. Ran rods & pump. Pumped 399 BLO + 14 BNO + 257 BLW in 240 hrs. On potential test pumped 26 BNO + 16 BSW in 24 hrs. 4 - 20" GPM. Gty. 43.1 @ 60". GCR 1520.

Witnessed by **J. R. Short** Position **Drilling Foreman** Company **Socony Mobil Oil Company, Inc.**

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev. TD PBTD 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 **[Signature]** Name **[Signature]**
 Title **Group Supervisor**
 Date **Socony Mobil Oil Company, Inc.**