

RECORD OF COPIES RECEIVED	
DATE	
BY	
RECEIVED BY	
DATE	
RECEIVED BY	
DATE	

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

FORM C-103
(Rev 3-55)

(Submit to appropriate District Office by 15th day of month following completion of work)

Name of Company Socony Mobil Oil Company, Inc.				Address Box 2406, Hobbs, New Mexico			
Lease State Bridges		Well No. 90	Unit Letter H N	Section 10	Township 17 S	Range 34 E	
Date Work Performed 7-1-62		Pool Vacuum			County Lea		

THIS IS A REPORT OF: (Check appropriate block)

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

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

TD: 4734'

PBTD: 4684'

Held for possible secondary recovery.

Witnessed by	Position	Company
--------------	----------	---------

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

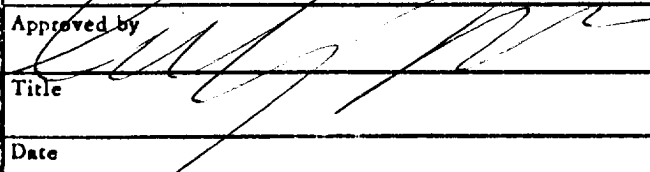
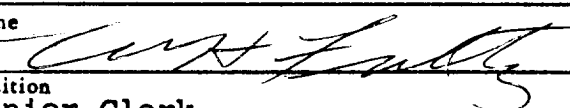
D F Elev.	T D	P BTD	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

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 
Title	Position Senior Clerk
Date	Company Socony Mobil Oil Company, Inc.