Form C-103 (Revised 3-55)

## NEW MEXICO OIL CONSERVATION COMMISSION

MISCELLANEOUS REPORTS ON WELLS AND AND AND AND A 1.33

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

COMPANY THE CHIO DIL COUTE	dress	Box 2107 Hobbs, New New Co									
	(314		· <b>/</b>						+ .		
	ELL NO.	_2_	_UNIT_	P S	32	T	185	_ R_	38 <u>E</u>		
DATE WORK PERFORMED 1/1	5/58		_POOL	liobbs	<del>,</del>	<del></del>			· · · · · · · · · · · · · · · · · · ·		
The state of the s											
This is a Report of: (Check app	ropriate	block	.)	Resu	lts of '	rest	of Cas	sing	Shut-off		
Beginning Drilling Operations				Reme	edial W	Vork					
Plugging			_z	Other	Nepoc	ton	brader	head	9		
Detailed account of work done, r	nature an	d qua	ntity of	mater	ials us	ed ar	d res	ults	obtained		
Vall equipped with braderheads on welves at surface.		a int	omediat	e stri	ys wit	h ble	eder 1	ine :	Se.		
7267, 507 0 3381 with 125 am. 3-5/57, 407 0 27501 with 100 ax. 77, 215 0 35711 with 250 ax.			DISTRIBUTION: NEW MEXICO GOG Mr. J. A. Grimes Mr. L. H. Shearer Mr. D. V. Kitley Mr. T. A. Steele Mr. T. C. Vebb								
Original Well Data: DF ElevPB					l. IntCompl Date						
Tbng. Dia Tbng Depth	C	Dil St	ring Dia	,	Oil1	Stri	ng Dep	oth	<u>;</u>		
Perf Interval (s)			·			<del></del>	· 				
Open Hole Interval	Produc	ing F	ormatio	on (s)		· · · · · · · · · · · · · · · · · · ·					
RESULTS OF WORKOVER:	<del></del>		· · · · · · · · · · · · · · · · · · ·	В	EFORE	<u> </u>	AF	TEF	₹ .		
Date of Test									-		
Oil Production, bbls. per day				<del></del>		-		<del></del>	<del></del>		
Gas Production, Mcf per day					· · · · · · · · · · · · · · · · · · ·	•		······································	<del></del>		
Water Production, bbls. per day					<del></del>	-		····	<del></del>		
Gas-Oil Ratio, cu. ft. per bbl.					<del></del>	•					
Gas Well Potential, Mcf per day						•			<del></del>		
Witnessed by				<del></del>	· · · · · · · · · · · · · · · · · · ·	•	•		<del></del>		
				· · · · · · · · · · · · · · · · · · ·		Comp					
OIL CONSERVATION COMM	abo my	I hereby certify that the information given above is true and complete to the best of my knowledge ORIGINAL									
Name Title		Nar	ne	SIGNE	D BY, E	G. HOW	ANI				
Date	Position Asst. Sunt.										