NUMBER OF COPIE	- Aucei	***	 	ł
DIS	TRIBUTI	ON	 	Į.
SANTA FE				L
FILE				
U.S.G.S.				H
LAND OFFICE				11
TRANSPORTER	OIL			Ls
IKANSPORTER	GAS	1		
PRORATION OFFL	CE]
OPERATOR				15

NEW MEXICO OIL CONSERVATION COMMISSION FORM C-103

-	TRANSPORTER	GA5	·		-	<u> </u>	MISCELLANEOUS REPURIS UN WELLS														
	PRORATION OFF	CE					(Subn	nit t	о арр	ropr	iate	Distr	ict	Office	as	per Com	miss	iss kulin	106)	3 PM 3 12	
Name of Company Address																					
	SOCONY MOBIL OIL COMPANY, INC. Box 2406, Hobbs, New Mexico Lease Well No. Unit Letter Section Township Range																				
Lease Well No. State Bridges 3								Unii	O	er	23		17S		K	ange					
Da	Date Work Performed Pool County 6/1/63 Vacuum (G-S.A.) Lea																				
	0/1/0	<u>J</u>					THIS	ς Δ						hhrohri	ate			 			
-	THIS IS A REPORT OF: (Check appropriate block) Beginning Drilling Operations Casing Test and Cement Job X Other (Explain):																				
Plugging Remedial Work																					
Temporarily Abandoned Detailed account of work done, nature and quantity of materials used, and results obtained.																					
Held for possible secondary recovery. Held for possible secondary recovery. MUST DE NOT CAUSE ON FORM CAUSE OF THIS WELL.																					
Wit	nessed by	,	- <u></u>	 .					Positi	on	· 		Company								
					FI	LL	IN BE	LO	W FO	RR	EME	DIAL	. W	ORK R	ΕP	ORTS ON	ILY		 -		
	 		··-									WELL	_ D	ATA							
D I	F Elev.			ΓD					PE	BTD)				I	Producing	val	l Completion Date			
Tubing Diameter			Т	Tubing Depth				0			Oil String Diamete			er		Oil String Depth		h			
Pe	rforated Int	erval(s)									i						<u></u>			
Op	en Hole Inte	erval	······································				·	-				Produ	Producing Formation(s)								
									RES	ULT	rs o	F WO	RK	OVER							
	Test	I	Date of Test		Oi		oductio PD	מכ	G		rodu CFP	ction D			Pro 3 P	duction D	Cul	GOR pic feet/Bbl		Gas Well Potential MCFPD	
	Before orkover									-,-											
W	After orkover																				
OIL CONSERVATION COMMISSION								I h	I hereby certify that the information given above is true and complete to the best of my knowledge.												
Approved by								Nan	Name Mc Mariel												
Tidle									ı	Position Group Supervisor											
Date Company									COM	ΙΡΔΝΥ ΤΑ	JC										
SOCONY MOB											BIL OIL COMPANY, INC.										