

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
STATE	
FILE	
U.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

FORM C-103
(Rev 3-55)

(Submit to appropriate District Office or to the Bureau, Santa Fe, N.M.)

Name of Company Socony Mobil Oil Company, Inc.				Address Box 2406, Hobbs, New Mexico			
Lease State Bridges		Well No. 41	Unit Letter P	Section 23	Township 17S	Range 34E	
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: 4720

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 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						

I hereby certify that the information given above is true and complete to the best of my knowledge.

OIL CONSERVATION COMMISSION		Name	
Approved by		Position	
Title		Senior Clerk	
Date		Company	
		Socony Mobil Oil Company, Inc.	