

NAME OF COMPANY		
ADDRESS		
LEASE		
WELL NO.		
UNIT LETTER		
SECTION		
TOWNSHIP		
RANGE		
POOL		
DATE OF WORK		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

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

Name of Company **Socony Mobil Oil Company, Inc.** Address **Box 2406, Hobbs, New Mexico**

Lease **State Bridges** Well No. **22** Unit Letter **N** Section **24** Township **17 S** Range **34 E**

Date Work Performed **7-1-62** Pool **Vacuum** County **Lea**

THIS IS A REPORT OF: (Check appropriate block)

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

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

TD: 4700'

Held for possible secondary recovery.

Witnessed by Position Company

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

Name

Title

Position

Senior Clerk

Date

Company

Socony Mobil Oil Company, Inc.