## HEW 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<br>Socony Mobil Oil Company, Inc. |                                       |                    |             |             |                    |   | Address Box 2406, Hobbs, New Mexico |                        |                                       |       |                    |  |
|---|---------------------------------------|--------------------|-------------|-------------|--------------------|---|-------------------------------------|------------------------|---------------------------------------|-------|--------------------|--|
| Lease<br>State B                                  | ridges                                |                    | Wel         | 13 No.      | Unit               | Letter<br>E   | Section<br>25                       | Townshi                | P 178                                 | Ran   | ge 34E             |  |
| Date Work Pe<br>1-4-61                            | erformed                              | Pool               | <del></del> |             | L                  |   |                                     | L<br>County            |                                       |       |                    |  |
| 1-4-01  |                                       | Vacu               |             | 25222       |                    |   |                                     |                        |                                       | Lea   |                    |  |
| Beginni   | ng Drilling Op                        | erations [         | HIS IS A    |             |                    |   |                                     |                        |                                       |       |                    |  |
| Pluggin   |                                       | [                  |             | g Test and  | ı Cem              | ent Job   | L                                   | Z Other (              | (Explain):<br>rarily abai             | ndone | a <i>d</i>         |  |
|   |                                       | L                  |             | lial Work   | -                  |   |                                     |                        | and it                                | acom  | # <b>U</b> •       |  |
| TD: 476   | 3                                     | one, nature and qu | antity of n | naterials y | ised, i            | and res   | ults obtai                          | ned.                   |                                       |       |                    |  |
| Held for possible secondary recovery.             |                                       |                    |             |             |                    |   |                                     |                        |                                       |       |                    |  |
|   |                                       |                    |             |             |                    |   |                                     |                        |                                       |       |                    |  |
|   |                                       |                    |             |             |                    |   |                                     |                        |                                       |       |                    |  |
|   |                                       |                    |             |             |                    |   |                                     |                        |                                       |       |                    |  |
|   |                                       |                    |             |             |                    |   |                                     |                        | ~ {* <sub>1</sub>                     |       |                    |  |
|   |                                       |                    |             |             |                    |   |                                     |                        |                                       |       |                    |  |
|   |                                       |                    |             |             |                    |   |                                     |                        |                                       |       |                    |  |
|   |                                       |                    |             |             |                    |   |                                     |                        |                                       |       |                    |  |
|   |                                       |                    |             |             |                    |   |                                     |                        |                                       |       |                    |  |
|   |                                       |                    |             |             |                    |   |                                     |                        |                                       |       |                    |  |
|   |                                       |                    |             |             |                    |   |                                     |                        |                                       |       |                    |  |
| Witnessed by                                      |                                       |                    |             | Position    |                    |   | C                                   | Company                |                                       |       |                    |  |
| <del></del>                                       | · · · · · · · · · · · · · · · · · · · |                    |             | <del></del> |                    |   |                                     |                        |                                       |       |                    |  |
|   |                                       | FILLIN             | BELOW       |             |                    |   |                                     | PORTS O                | NLY                                   |       |                    |  |
| D F Elev. T D                                     |                                       |                    |             | ORIGINAL WE |                    |   |                                     |                        |                                       |       |                    |  |
| ···   |                                       | ·                  |             |             |                    |   |                                     | Froducing              | tuterval                              | الم   | mpletion Date      |  |
| Tubing Diameter Tubing Dep                        |                                       | th C               |             |             | il String Diameter |   | er .                                | Oil Strin              | g Dep                                 | th    |                    |  |
| Perforated Inte                                   |                                       |                    |             |             |                    |   |                                     |                        |                                       |       |                    |  |
| citotated titte                                   | :tami(2)                              |                    |             |             |                    |   |                                     |                        |                                       |       |                    |  |
| Open Hole Inte                                    | rvel                                  | <del></del>        |             |             | Pı                 | roducin   | g Formati                           | on(s)                  |                                       | ·     |                    |  |
|   |                                       |                    |             |             |                    |   |                                     |                        |                                       |       |                    |  |
| <u> </u>  |                                       |                    |             | RESULTS     | OF 1               | WORK  | DYER                                |                        |                                       |       |                    |  |
| Test  | Date of<br>Test                       | Oil Produ<br>BPD   |             | Gas Pro     | duction            | tion Water  |                                     | duction<br>D           | GOR                                   |       | Gas Well Potential |  |
| Before<br>Workover                                |                                       |                    |             |             |                    |   |                                     | <u></u>                | Cubic feet/I                          |       | MCFPD              |  |
| After   | · · · · · · · · · · · · · · · · · · · |                    |             |             |                    |   |                                     |                        | ļ                                     |       |                    |  |
| Workover  |                                       |                    |             |             |                    |   |                                     |                        |                                       |       |                    |  |
|   |                                       |                    |             |             |                    | I hereby certify that the information given above is true and complete to the best of my knowledge. |                                     |                        |                                       |       |                    |  |
|   | OIL CONSE                             | RVATION COMMI      | SSION       |             | - 1                | to the f  | est of my                           | y knowled <sub>i</sub> | ge.                                   |       |                    |  |
| pproved   |                                       |                    |             |             |                    | Name 2 1/ C   |                                     |                        |                                       |       |                    |  |
| itle  |                                       |                    |             |             |                    | DH Samples  |                                     |                        |                                       |       |                    |  |
| itte /  |                                       |                    |             |             |                    | Position District Superintendent  |                                     |                        |                                       |       |                    |  |
| Pate  |                                       |                    |             |             |                    | Company   |                                     |                        |                                       |       |                    |  |
|   |                                       |                    |             |             |                    |   |                                     | oil Oil                | Company,                              | Inc . |                    |  |
|   |                                       |                    | •           |             |                    |   |                                     |                        | · · · · · · · · · · · · · · · · · · · |       |                    |  |