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# 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 <b>Socony Mobil Oil Company, Inc.</b>				Address <b>Box 2406, Hobbs, New Mexico</b>			
Lease <b>State Bridges</b>		Well No. <b>5</b>	Unit Letter <b>C</b>	Section <b>26</b>	Township <b>17 S</b>	Range <b>34 E</b>	
Date Work Performed <b>1/1/63</b>		Pool <b>Vacuum (G - S.A.)</b>			County <b>Lea</b>		

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	<b>Temporarily Abandoned</b>

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

TD: 4750'

Held for possible Salt Water Disposal well.

Witnessed by	Position	Company
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### FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

#### ORIGINAL WELL DATA

DF 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 <b>Group Supervisor</b>
Date	Company <b>Socony Mobil Oil Company, Inc.</b>