

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Order 103)

Name of Company <b>JACK MASK &amp; GAREL WESTALL</b>		Address <b>Drawer 1477, Roswell, New Mexico</b>			
Lease <b>State</b>	Well No. <b>3</b>	Unit Letter <b>F</b>	Section <b>16</b>	Township <b>18 South</b>	Range <b>32 East</b>
Date Work Performed	Pool <b>Young</b>			County <b>Lea</b>	

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations    ☐ Casing Test and Cement Job    ☒ Other (Explain): **This well is capped & temp. abandoned.**
- ☐ Plugging    ☐ Remedial Work

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

**We plan to re-enter this well at a later date**

THE COMMISSION MUST BE NOTIFIED  
EVERY 6 MONTHS ON FORM C-103  
AS TO THE WELL STATUS AND YOUR  
FUTURE PLANS FOR THIS WELL

RECEIVED

SEP 30 1953

O. C. C.  
ARTESIA, OFFICE

Witnessed by	Position	Company
--------------	----------	---------

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

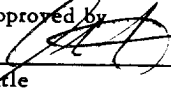
D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

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						

OIL CONSERVATION COMMISSION

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

Approved by 	Name <b>Jack Mask</b>
Title	Position <b>CO-OWNER</b>
Date	Company <b>Mask &amp; Westall</b>