NUMBER OF COPIE	LECTIONS	
011	TRIBUTION	
FILE		
U.\$.6.1		
LAND OFFICE		
TRANSPORTER	OIL	
	449	
PROPATION OFFIC	ce 🗌	
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)

		A							······	<u> </u>	: 	
Name of Com	pany	TEXACO I			Addr	P. O.	Box 728		bbs, Nev	Mexico		
	f New Mexico			ell No. 8	Unit Lette	er Section 30	on Township) 17		Rø	ange 35-E		
Date Work Pe October	21, 1964	Pool		LABO NOT Upper P	rth Pennsylv	ranian	County	Lea				
				- to the man	OF: (Chec		iate block)		<u>a</u>			
Beginni	og Drilling Opers	ations			d Cement Jo			Explain	2): ~			
D Pluggin				edial Work				•				
Detailed account of work done, nature and quantity of materials used, and results obtained.												
Total Depth - 4800' 13 3/8" O. D. Casing Cemented at 374'												
Ran 4785; of 9 5/8" O. D. Casing, 36.00 LB, H-40, NEW, and cemented at 4800; with 300 Sx. Incor 8% gel, plus 200 Sx. Incor neat. Plug at 4771; Job complete 1:30 P. M. October 16, 1964.												
Tested 9 5/8" O. D. Casing for 30 minutes with 1000 P. S. I. from 1:30 P. M. to 2:00 P. M. October 17, 1964. Tested O. K. Drilled cement plug and re- tested for 30 minutes with 1000 P. S. I. from 2:30 P. M. to 3:00 P. M. October 17, 1964. Tested O. K. Job complete 3:00 P. M. October 17, 1964.												
Witnessed by M. E. Crews Position					ing Fore	Foreman TEXACC Inc.						
				<u> </u>					AAUU	•		
	<u></u>		, IN DELU		EMEDIAL NAL WELL		EPORTS OF	<u>NL1</u>		<u> </u>		
D F Elev.	T	' D		PBTD			Producing	; Interva	al	Completion Date	e .	
Tubing Diame		Tubing D)epth		Oil St	ring Diamo	eter	C	Oil String De	epth		
Perforated Int												
Open Hole Inte	erval					Producing Formation(s)						
				RESULT	S OF WOR	KOVER					······································	
Test	Date of Test		roduction 3 P D		roduction CFPD		Production BPD	Cubi	GOR ic feet/Bbl	Gas Well Po MCFPI		
Before Workover						T						
After Workover												
				I he to the	I hereby certify that the information given above is true and complete to the best of my knowledge.							
Approved by				······	Name	•	Hi	Re	Cim	sus l	$\overline{\mathcal{I}}$	
Title					Posit As:		H. t Distric	D. Ra	ayriond		~	
Date	· · · · ·	<u> </u>			Comp			(ACO I				