NUMBER OF COPIE	BHECKIVES	<u>, </u>	
011	TRIBUTION		
BANTA FF			
FILE			
U. E. G. S			
LAND OFFICE			
	OIL		
TRANSPORTER	GAS		
PRORATION OFFI			
CT T A 7 C B			

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C≥103 (Rev 3-55)

LAND OFFICE	OIL	+	= MI	ISCELLA	NEOU	S REP	ORTS ON	WELL'S	; []	4- 11/39	
	PROPATION OFFICE (Sub-late appearance District Office as par Commission Rule 1106)										
Name of Comp	nagy				Addres	ss					
Maine or Somp		OCAX.	Inc.					obs, New E			
Lease	objū-State	-		1 ,	H	Section 25	Township 17-S		Range	34 - E	
Date Work Per	rformed		Pool Vacuum Vacuum Vacuum	Abo Morti Upper Per	.r nnsylv	anian	County Lo	ea			
THIS IS A REPORT OF: (Check appropriate block)											
Beginning Drilling Operations											
Plugging Remedial Work Detailed account of work done, nature and quantity of materials used, and results obtained.											
Detailed acco	unt of work do	ме, па	ture and quantity of m	aterials used	, and res	TILS OPEN	inea.			1	
			13 3/8" O.	Potal Depr D. Casin	th - 4 g Ceme	.800 ° ented a	t 350 1				
Ran 4786' of 9 5/8" O. D. Casing, 36.00 LB, H-40, NEW, and cemented at 4800' with 1500 Sx. Class "C" 8% gel, plus 200 Sx. Class "C" neat. Plug at 4768'. Job complete 5:00 P. M. July 5, 1964.											
	P. M. re-tes	to 5	7/8" 0. D. Casir :00 P. M. July for 30 minutes 64. Tested 0.	6, 1964. with 100	Test O P. S	ced 0.	K. Drill rom 5:20	led cement P. M. to	t plu 5:50	g and	
Witnessed by	н. н.	Addi		Position Drilling	Fore		Company	TEXACO I	Inc.		
			FILL IN BELOW	FOR REMI	EDIAL	NORK RE	PORTS ON	ILY			
		T==		ORIGINAL	. WELL	DATA	Producing	Tabana 1	100	npletion Date	
D F Elev.		TD		PBTD			Producing	TUTELANT	COL	ubierion pare	
Tubing Diame	eter	L	Tubing Depth		Oil Stri	ing Diame	ter	Oil Strin	ig Depti	h	
Perforated Int	terval(s)										
Open Hole Int	terval					ing Forms	ition(s)				
				RESULTS C		T				T	
Test	Date of Test		Oil Production BPD	Gas Produ MCFF			Production PD	GOR Cubic feet/	ВЫ	Gas Well Potential MCFPD	
Before Workover											
After Workover											
	OIT CON:	SERVA	TION COMMISSION				fy that the in my knowledg		n above	e is true and complete	
Approved by				med	Name	Name UE Morgan					
Title						Position W. Z. Morgan Assistant to the District Superintendent					
Date			i			Company TEXACO Inc.					