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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 **TEXACO Inc.** Address **P. O. Box 728 - Hobbs, New Mexico**

Lease ***TEXACO-Mobil-State** Well No. **1** Unit Letter **H** Section **25** Township **17-S** Range **34-E**

Date Work Performed **June 22, 1964** Pool **Vacuum Abo North**
Vacuum Upper Pennsylvanian County **Lea**
Vacuum Wolfcamp

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations ☐ Casing Test and Cement Job ☒ Other (Explain):
☐ Plugging ☐ Remedial Work Name Change

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

*NOTE: Subject well name was originally filed on New Mexico Oil Conservation Commission Form Number C-101 as State of New Mexico "T" NCT-1 Well Number 2.

With this form we request that all records be changed to show the name as TEXACO-Mobil-State Well Number 1.

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 **E. H. Scott**
Title _____ Position **District Accountant**
Date _____ Company **TEXACO Inc.**