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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**MISCELLANEOUS REPORTS ON WELLS**  
*(Submit to appropriate District Office as per Commission Rule 1106)*

**FORM C-103**  
 (Rev 3-55)

Name of Company <b>Gulf Oil Corporation</b>				Address <b>Box 2167, Hobbs, New Mexico</b>			
Lease <b>Lea State "A"</b>		Well No. <b>4</b>	Unit Letter <b>0</b>	Section <b>30</b>	Township <b>19-S</b>	Range <b>35-E</b>	
Date Work Performed <b>4-4-63</b>		Pool <b>Pearl Queen</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>T/A Report</b>                                    |

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

**Subject well is still carried as temporarily abandoned. No plans have been made for further work on this well at this time.**

Witnessed by	Position	Company
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**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						

<b>OIL CONSERVATION COMMISSION</b>		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by		Name	
Title		Position <b>Area Production Manager</b>	
Date		Company <b>Gulf Oil Corporation</b>	