NUMBER OF COPI	ES PECKIVE	0	
DII	TRIBUTION		
BANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THANSPORTER	GAS		
PROBATION OFFI	C C		
CONTRATOR			

## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103 (Rev 3-55)

TRANSPORTE PROBATION O	R GAS		MISCELLANEOUS REPORTS ON WELLS								
<b>SPENATOR</b>			(Sub	omit to approp	riate	Distric	t Office	as per Co	mmissio	n Rule 11	06)
Name of Cor		יי יי	171110			Addres	_	<del></del>	<del></del>		
Lease	· C.	M. 1V	AINER	Well No.	Tunit	P.0	Box .	Township	lobbs,		
D W1- D	Lowe	е	1	2		F	3	20-Sc		114	inge 35-East
Date Work P Novembe	erformed r 14, 196	4	Pool Pear	cl Queen				County Le	2.7		
THIS IS A REPORT OF: (Check appropriate block)											
Beginning Drilling Operations Casing Test and Cement Job Other (Explain):											
Plugging X Remedial Work  Detailed account of work done, nature and quantity of materials used, and results obtained.											
Detailed acc	ount of work of	lone, na	iture and quantity	y of materials	used,	and res	ults obtai	ned.			
Pulled rods and pump. Pumped in 5000 gallons 5% NE Acid and 17 tons Carbon											
	Dioxide.	Flow	ed back loa	d to clear	ı up.	. Rar	n rods	and pum	np and	returne	ed to
	production								-		
	<b>F-</b> :	• •									
ı											
ı											
Witnessed by			<del></del>	Position				Company		<del></del>	
(	O. K. Gilb	reth		Engi						TRAINE	IR
<del></del>	-		FILL IN BE	LOW FOR RE	EMED	HELL D	ORK RE	PORTS ON	NLY		
D F Elev.		T D		PBTD		! E L L .	<u> </u>	Producing	Interval	To	Completion Date
Tubing Diame	·	<u> </u>	mil . Dank	- D - 1							
Tubing wiem.	eter	i	Tubing Depth		ا	Oil Strin	g Diamete	er	Oil	String De	pth
Perforated In	terval(s)							<del></del>			
Open Hole Int		·	<del>-</del>	<del></del>		<del> </del>		<del></del>	·		
		_			ľ	oroducin.	g Formati	ion(s)			
				RESULT	S OF	WORK	OVER				
Test Before	Date of Test		Oil Productio BPD	\	Gas Production MCFPD		Water Production BPD			OR feet/Bbl	Gas Well Potential MCFPD
Workover After	4-4-64		5		-		0			-	-
Workover	11-15-6	4	16	12	2		2			760	
	OIL CONS	ERVAT	ION COMMISSIO	)N		I hereb to the	y certify best of m	that the inf y knowledge	formation je.	given abo	ve is true and complete
Approved by	γ					Name		1/1/	La	rue	
Title				~		Position	_	W. Trainer - Op	iner		
Date		ره ي				Compan	у	W. TRAI			