NUMBER OF CO	DISTRIBUTION	,		· · · · · · · · · · · · · · · · ·						
SANTA FF		+	NF	WMEXICO	011. C	ONSEP	VATION	COMMISSION	FORM C-103	
U.S.G.S. LAND OFFICE					(Pay 3 55)					
TRANSPORTER										
Inchargenien Gas PHIORATION OFFICE (Submit to appropriate District Office as per Configits sign Rale 1106) OFENATOR (Submit to appropriate District Office as per Configits sign Rale 1106) Name of Company (Submit to appropriate District Office as per Configits sign Rale 1106)										
Name of Com	pany 1 Corporat	ion		670, Hobbs, New Mexico						
Lease	hite "A"		W		t Letter	Section	Township		ange	
Date Work Pe		P		4	0	25	20-8 County	L	<u> </u>	
Remont Gas Les										
			ing Test and Ce		Check appropriate block)					
Beginning Drilling Operations			ment jot							
Plugging Remedial Work					7/A Report					
Detailed acco	Detailed account of work done, nature and quantity of materials used, and results obtained.									
Well still carried as temporarily abandoned. No plans have been made at this time for										
further work on this well.										
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										
							Producing Interval Completion Date			
Tubing Diameter		T	Tubing Depth		Oil Stri	Oil String Diameter		Oil String l	Depth	
Perforated In	erval(s)]	• <u></u>							
- UIVIACCU III										
Open Hole Interval						Producing Formation(s)				
		<u></u>		RESULTS O	FWOR	KOVER				
Test	Date of Test		Oil Production BPD	Gas Produ MCFP			Production PD	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	Name ORIGINAL SIGNAD DY C. D. RD				
Title Andrews Andrews						Position				
Date					Compa	Area Production Manager Company				
						Culf Oil Corporation				

ł