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## NEW MEXICO OIL CONSERVATION CONTRACTOM

FORM C-103 (Rev 3-55)

| regio cimplic B<br>i campmionitati<br>riccim a tiche cimp  | MISCELLANEOUS REPORTS ON TELLS  (Submit to appropriate District Office Fr 1854 Contribution 2016 1706) |              |                          |          |               |   |                    |            |                 |                 |   |                       |       |                          |
|--|--|--------------|--------------------------|----------|---------------|---|--------------------|------------|-----------------|-----------------|---|-----------------------|-------|--------------------------|
| UPERATOR   |  |              | (S.,                     | bmit to  | approp        | ilain D   | Istric             | 1 Office   | F               | <b>15</b> 3     | 1 T T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                       | 7700) | 1                        |
| Name of Company Socony Mobil Oil Company, Inc.  Address P. O. Box 2406, Hobbs, New Mexico  |  |              |                          |          |               |   |                    |            |                 |                 |   |                       |       |                          |
|  | MODIL C  | )11 (        | company,                 |          |               | Tinia I   |                    | Section    |                 |                 | HOL                                     |                       | Range | Mexico                   |
| Lease  | 7  |              |                          | Well     | No.           | Onit  | C                  | 83         | 1               | _               | <u>].s</u>                              |                       | 37E   |                          |
| E. O. (  |  |              | Pool                     |          | <u> </u>      | J   |                    | <u> </u>   | Cou             | inty            | d-14                                    |                       |       |                          |
| 7-1-62   |  |              |                          |          |               | z Ak  |                    |            | <u></u>         |                 | e a                                     |                       |       |                          |
| THIS IS A REPORT OF: (Check appropriate block)   |  |              |                          |          |               |   |                    |            |                 |                 |   |                       |       |                          |
| [ Beginning Drilling Operations [ Casing Test and Gement Job [X] Other (Explain):  |  |              |                          |          |               |   |                    |            |                 |                 |   |                       |       |                          |
| Plugging Remedial Work Temporarily Abandoned   |  |              |                          |          |               |   |                    |            |                 |                 |   |                       |       |                          |
| Detailed account of work done, nature and quantity of materials used, and results obtained.  |  |              |                          |          |               |   |                    |            |                 |                 |   |                       |       |                          |
| TD:  | 8220'  |              |                          |          |               |   |                    |            |                 |                 | ٠                                       |                       |       |                          |
| PBTD:  | 7990'  |              |                          |          |               |   |                    |            |                 |                 |   |                       |       |                          |
| Studying for workover  |  |              |                          |          |               |   |                    |            |                 |                 |   |                       |       |                          |
|  |  |              |                          |          |               |   |                    |            |                 |                 |   |                       |       |                          |
|  |  |              |                          |          |               |   |                    |            |                 |                 |   |                       |       |                          |
|  |  |              |                          |          |               |   |                    |            |                 |                 |   |                       |       |                          |
|  |  |              |                          |          |               |   |                    |            |                 |                 |   |                       |       |                          |
|  |  |              |                          |          | •             |   |                    | Y,         |                 |                 |   |                       |       |                          |
|  |  |              |                          |          |               |   |                    |            |                 |                 |   |                       |       |                          |
| Witnessed by Position  |  |              |                          |          |               |   | Company            |            |                 |                 |   |                       |       |                          |
| Witnessed by Position  |  |              |                          |          |               |   | • •                |            |                 |                 |   |                       |       |                          |
|  |  |              | FILL IN                  | BELOW    |               |   |                    |            | EP              | ORTS ON         | l.Y                                     |                       |       |                          |
|  |  | 1            |                          |          |               | INAL W  | ELL                | DATA       | 1-              | 2               |   | 1                     | 10-   | -plation Data            |
| DF Elev. TD PBTI   |  |              | U                        |          |               |   | Producing Interval |            |                 | Completion Date |   |                       |       |                          |
| Tubing Diameter Tubing Dep   |  | Tubing Depth | l                        | Oil Stri |               | ing Diameter  |                    |            | Oil String Dept |                 | g Deptl                                 | h                     |       |                          |
| Perforated Interval(s)   |  |              |                          |          |               |   |                    |            |                 |                 |   |                       |       |                          |
| Open Hole In   | terval   | <del></del>  |                          |          |               | I   | roduc              | ing Form   | natio           | on(s)           |   |                       |       |                          |
|  |  |              |                          | <u></u>  | D F 4 * * * * |   | w s =              | V 0 1/ = = |                 |                 |   |                       |       |                          |
| <u></u>  |  |              |                          |          | r             |   |                    | KOVER      |                 | <u> </u>        |   | 0.00                  |       | C WUD                    |
| Test   | Date o<br>Test   | f            | Oil Produc               |          |               | Product<br>CFPD   |                    | Water Pro  |                 |                 |   | GOR<br>Cubic feet/Bbl |       | Gas Well Potential MCFPD |
| Before<br>Workover   |  |              |                          |          |               |   |                    |            |                 |                 |   |                       |       |                          |
| After<br>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 / / / / / / / / / / / / / / / / / / /  |                    |            |                 |                 |   |                       |       |                          |
| Fitle Comments of the Comments |  |              |                          |          |               | Position<br>Senior Clerk  |                    |            |                 |                 |   |                       |       |                          |
| Date   |  |              |                          |          |               | Company Socony Mobil Oil Company Inc  |                    |            |                 |                 |   |                       |       |                          |
|  |  | سننسسس       | ه القطية واستفطالها عليه | _        |               |   |                    |            |                 |                 |   |                       | -     |                          |