NUMBER OF COPIES REC								.~					
DISTRIBUTION										; ; ; ; ;	FORM C-103 (Rev 3-55)		
LAND OFFICE TRANSPORTER GA	1							ORTS ON		1. 201			
PRORATION OFFICE			(Submi	it to appropri	iate Di	strict	Office	as per Com	nissión	Rule 1406)		
Name of Company					A	ddress		460, Hob	be W	au dari a	0		
(Contine	ental Oi	1 Company	y Well No.	Unit L	etter		Township		Rang	e		
State E-				8	G		17	22S County			36E		
Date Work Perform	ed	Poo											
				A REPORT			ppropria		chlain).				
Beginning Dr	medial Work	edial Work											
Plugging		Work 6 Month Report rials used, and results obtained.											
										for nea	- 1 C		
Th	is well	l is aba	andoned b	ut not pl	ugged	• I	t 15	peing ret	aineo	I TOT USC	d 5		
a	possib	le sour	ce well i	n connect	ion v	lith	water	flooding.					
Witnessed by Position						Company							
Witnessed by				r osttion				Sompany					
			FILL IN BE	LOW FOR R				EPORTS ON	ILY	<u></u>			
D F Elev.		TD		PBTD	INAL W	ELL D		Producing	Interva		ompletion Date		
DF Elev.													
Tubing Diameter		Tul	Tubing Depth		Oil String I		ng Diam	neter		Oil String Depth			
Perforated Interva	l(s)				I				 	<u></u>			
Open Hole Interval						Producing Formation(s)							
										<u></u>			
			······			F WORKOVER		Production		GOR	Gas Well Potential		
Test	Date of Test	t	Oil Productio BPD		CFPD			BPD Cul		c feet/Bbl	MCFPD		
Before Workover													
After Workover													
	OIL CON		IN COMMISSIO	ри		I here to the	eby cert e best o	ify that the in f my knowled	aformati ge.	on given abo	ve is true and comple		
Approved by							Name						
Title							Position						
						Staff Supervisor							
Date Con								Continental (il Company					