

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company <b>Gulf Oil Corporation</b>		Address <b>Box 2167, Hobbs, New Mexico</b>	
Lease <b>W. A. Ramsey (NCT-A)</b>	Well No. <b>44</b>	Unit Letter <b>D</b>	Section <b>27</b>
Date Work Performed <b>8-30-62</b>	Pool <b>Amont</b>	Township <b>21-S</b>	Range <b>36-E</b>
County <b>Lea</b>			

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☐ Casing Test and Cement Job
 ☐ Other (Explain):
- ☐ Plugging
 ☐ Remedial Work

**CI Report**

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

Well was closed in due to high GOR test. No plans have been made at this time for further work on this well. To be carried as closed in.

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
-----------	-----	---------	--------------------	-----------------

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						

OIL CONSERVATION COMMISSION

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved by	Name
Title	Position
Date	Company

**District Production Manager**  
**Gulf Oil Corporation**