Ç18	TRIBUTION	
ANTA FE		
FILE		
U. S. G. S.		
LAND OFFICE		
	OIL	
TRANSPORTER	GAS	
PRORATION OFFI	CE	

## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103 (Rev 3-55)

TRANSPORTER	GAS .			MISCELLANEOUS REPORTS ON WELLS									
PRORATION O	FFICE		1	(Submit to	o appropi	riate D	istrict	Office	as per Com	mission Rule	1106)	}	
Name of Company			— <u> </u>	Address									
Con	tinent: 1	omp nv	0 1/7 - 0 1scw exico										
Lease				Wel	l No.	Unit	Letter		Township		Range		
Loc Date Work P		28	Pool		Ļ	<del></del>		1 25 1			36 ع	7	
	ertormed 9 <b>-</b> 01		1 001	<u></u>	-unont				County Le				
	THIS IS A REPORT OF: (Check appropriate block)												
Beginn	Beginning Drilling Operations Casing Test and Cement Job Cher (Explain):												
Plugging Remedial Work									ci ilin	*			
Detailed account of work done, nature and quantity of materials used, and results obtained.													
nork some: cidized learnose open with substance labels 300 val. 15 week.  cid. Freating pressure, victure, lag. Labels 75 MeM.  ell tested 10 B5, 25% in R4 has. Site in a ratio.  ell rested: 10-2-61													
Witnessed by					Position	0.00-			Company	m+ : 1 : 27 ·			
C Cook   Proc. a preman   Continental fil Company   FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY													
		<del> </del>		51 101			VELL D			· • · ·			
D F Elev.	F Elev. T D			PBTD				-	Producing	Interval	Com	pletion Date	
Tubing Diam	Tubing Diameter Tubing		Tubing De	Depth			Oil String Diame		ter	Oil String	Oil String Depth		
Perforated In	terval(s)		1		·				<del> </del>		<del></del>		
				· · · · · · · · · · · · · · · · · · ·						<del></del>			
Open Hole In	aterval					Į.	roducin	ng Forma	tion(s)				
	<del></del>		<del> </del>		RESULT	TS OF	WORK	OVER					
Test	Date Tes			oduction PD	Gas P	Product CFPD	ion	Water P	roduction PD	GOR Cubic feet/B		Gas Well Potential MCFPD	
Before Workover	ore		6		ुमः (युक्तः "				8				
After Workover										=			
" OIROYEI	10-2-6	1	10	<u> </u>	1	- 1	I here	by certifi	y that the in	formation given	1 above	is true and complete	
OIL CONSERVATION COMMISSION					I hereby certify that the information given above is true and complete to the best of my knowledge.								
Approved by					Name								
E. G. Standley							Positio		<del></del>				
Date )in	Date Date						Company district ouperintendent						
10-(-61								ontinental (il Comment					