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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		Address				
Lease	Well No.	Unit Letter	Section	Township	Range	
Date Work Performed	Pool		County			

THIS IS A REPORT OF: *(Check appropriate block)*

☒ Beginning Drilling Operations ☐ Casing Test and Cement Job ☐ Other (Explain):

☐ Plugging ☐ Remedial Work

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

ILLEGIBLE

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

Approved by	I hereby certify that the information given above is true and complete to the best of my knowledge.
Title	Name
Date	Position
	Company