

PROPERTY OF OPERATOR	
NAME	ADDRESS
PHONE	CITY
TRANSPORTER	OIL
REGISTRATION OFFICE	GAS
OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**MISCELLANEOUS REPORTS ON WELLS**

**FORM C-103**  
(Rev 3-55)

(Submit to appropriate District Office or to the Commission, Suite 1106)

Name of Company <b>Socony Mobil Oil Company, Inc.</b>				Address <b>Box 2406, Hobbs, New Mexico</b>			
Lease <b>Brunson Argo</b>	Well No. <b>11</b>	Unit Letter <b>A</b>	Section <b>9</b>	Township <b>22 S</b>	Range <b>37 E</b>		
Date Work Performed <b>7-1-62</b>	Pool <b>Brunson</b>				County <b>Lea</b>		

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Beginning Drilling Operations | <input type="checkbox"/> Casing Test and Cement Job | <input checked="" type="checkbox"/> Other (Explain): |
| <input type="checkbox"/> Plugging                      | <input type="checkbox"/> Remedial Work              | <b>Temporarily Abandoned</b>                         |

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

**TD: 7645'**

**Studying for possible workover or recompletion.**

Witnessed by	Position	Company
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**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						

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

**OIL CONSERVATION COMMISSION**

Approved by	Name
Title	Senior Clerk
Date	Company <b>Socony Mobil Oil Company, Inc.</b>