| NUMBER OF C | | | | | F | | | | | | | | |
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| DISTRIBUTION SANYA SE | | | | | | | | | | | 3 | ļ | |
| U.S.G.S. | | | | | | | | EXICO OIL CONSERVATION COMMISSION FORM C-103 (Rev 3-55) | | | | | |
| TRANSPORTE | GAS STATE OF | | | | | | | | | | | | |
| OPERATOR | FFICE | | | | (Subm | t to appr | opriate | Distri | ct Office | as per Co | mmission Rule 1 | | |
| Name of Con | | _ | | | | | | Addre | ss | 1963 | JAN 10 H | 1 10 0 | |
| Gulf Oil Corporation Lease Well No. Uni | | | | | | | | | Box 2167, Hobbs, New Maxico t Letter Section Township Range | | | | |
| Roll | | | | 1 | 1 | R | 10 | 22-5 | | 37-E | | | |
| Date Work P | Panna | Panmas Stall- | | | | County | | 7/28 | | | | | |
| 1-5-62 Penrose Skelly THIS IS A REPORT OF: (Ch | | | | | | | | | | Les Chach attroprise block | | | |
| Beginning Drilling Operations Casing Test and Cement Job Cher (Explain): | | | | | | | | | | | | | |
| ☐ Plugging ☐ Remedial Work | | | | | | | | - 4 / | | | | | |
| Detailed account of work done, nature and quantity of materials used | | | | | | | | | T/A Report and results obtained. | | | | |
| Witnessed by | | | *************************************** | | | Position | | ing di salah Managar | | Company | | | |
| | | | | FI | LL IN BEL | | | | | PORTS O | NLY | | |
| DF Elev. | | 1 | T D | · | | ORI PB7 | GINAL | WELL (| DATA | Deaduais | T1 | | |
| | | | | | | | | Producing Interval | | Completion Date | | | |
| Tubing Diam | Subing Diameter | | | Tubing Depth | | | | Oil Stri | ng Diame | ter | Oil String I | Depth | |
| Perforated In | terval(s) | | | | | | L | · | | | <u> </u> | | |
| Open Hole In | erval | | | | | | | Producing Formation(s) | | | | | |
| RESULTS OF | | | | | | | | WORKOVER | | | | | |
| Test | Date of C Test | | Oil | Oil Production BPD | | Gas Production MCFPD | | | roduction PD | GOR Cubic feet/Bbl | Gas Well Potential | | |
| Before Workover | | | , , , | | | | | | | | | | |
| After Workover | | | | | | | *************************************** | | | | | | |
| | ->∙ OIL | CONSE | ERVA1 | TION 9 | COMMISSION | ······ I ····· | | I here | by certify best of | y that the in my knowleds | formation given a ge. | bove is true and complete | |
| Approved by | | | | | | | | Name (C(2)) | | | | | |
| Firthe Comments of the Comment | | | | | | | | Position Position | | | | | |
| Date | | | | | | | | Area Production Manager Company | | | | | |
| | | | | | | | | | 011 | orporati | lon | | |

Date