

NUMBER OF COPIES RECEIVED	
FILE	
DATE	
AND OFFICE	
TRANSPORTER	OIL GAS
OPERATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office or for Compilation Rule 1106)

Name of Company Socony Mobil Oil Company, Inc.				Address Box 2406, Hobbs, New Mexico			
Lease S. E. Long	Well No. 5	Unit Letter 0	Section 11	Township 22 S	Range 37 E		
Date Work Performed 1/1/62	Pool Drinkard	County Lea					

THIS IS A REPORT OF: (Check appropriate block)

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

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

TD; 6491'

Studying for workover

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 Senior Clerk
Date	Company Socony Mobil Oil Company, Inc.