| | ES RECEIVED | | | | | 1. | _ | | | ì | | |
|--|---------------------------------------|--------------|-----------------------|-------------------------|-----------------|---|------------------------|-----------------------|---------|-----------------------------|--|--|
| | 3,7780;108 | | NE | W MEXICO | DIL C | ONSERV | - NOITA | COMMISSION | | FORM C-103 | | |
| (Rev 3-55) | | | | | | | | | | | | |
| AUG 3 9 11 AH 765 | | | | | | | | | | | | |
| (Submit to appropriate District Office as per Commission Rule 1106) | | | | | | | | | | | | |
| of Company Address P. O. Box 247, Hobbs, New Mexico | | | | | | | | | | | | |
| e Langlie Mattix | | | W | Well No. Unit Letter Se | | | on Township Range | | | | | |
| <u>Penros</u> e Work Per | Sand Un | | Tr. #32 Pool | 1 | E | <u> 33</u> | County | 3 | | 37E | | |
| 8/9/65 | · · · · · · · · · · · · · · · · · · · | | Langlie Mat | | | | Le | a | | | | |
| THIS IS A REPORT OF: (Check appropriate block) Beginning Drilling Operations Casing Test and Cement Job Cher (Explain): | | | | | | | | | | | | |
| | | | | | Well status | | | | | | | |
| | Plugging Remedial W | | | | | | | | | | | |
| Witnessed by | | | FILL IN BELO | Position DW FOR REME | | VORK RE | Company | NL Y | | | | |
| ORIGINAL W D F Elev. T D P B T D | | | | | | Producing Interval Completion Date | | | | | | |
| | | - | | lous: | | | | 10'1.0. : | - David | | | |
| Tubing Diameter | | | Tubing Depth | | Oil String Diam | | ter | Oil String | vept | n | | |
| Perforated Into | erval(s) | | | | | | | | | | | |
| Open Hole Inte | Open Hole Interval | | | | | | Producing Formation(s) | | | | | |
| | | | ····· | RESULTS O | F WORI | KOVER | | | | | | |
| Test | Date of Test | | Oil Production BPD | Gas Produ | ction | Water P | roduction PD | 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 | Approved by | | | | | Name 70 9 7 Lizer M. F. Nelson | | | | | | |
| Title I | | | | | Positi | Position Project Supervisor | | | | | | |
| Date | Date | | | | | | | oduction Co | mpa | ny | | |