NUMBER OF COP	IES RECEIVED								
SANTA FE		F	NEW MEXIC	0 OU. C	ONSER	NOITAV	COMMISSION	FORM C-103	
U.S.G.S.								(Rev 3-55)	
TRANSPORTER	MISCELL ANEAUS DEPONDES ON WELLS								
PRORATION OFF	TICE	(Subi	nit to appropri	ate Distric	t Office	as per Com	mission Rulė 1	106)	
Name of Camp				Addre			11 - E - E -	<u> </u>	
Name of Comp	cany Corporati	An				. Hobbe.	New Mexico		
Lease	r our box deer	<u> </u>	Well No.	Unit Letter	Section	Township	F	lange	
	mgh Ratate		<u></u>		31	22-8		38-5	
Date Work Per		Pool Smith	Paddock			County Let	l		
			S A REPORT C	F: (Check	appropri				
Beginnin	ng Drilling Opera	ations 🔲 C	Casing Test and	Cement Jol	b	Other (E	xplain):		
Plugging Ren			Remedial Work	edial Work CI Report					
Detailed acco	unt of work done	e, nature and quantity	y of materials u	sed, and re					
Subject	well uneco	nemical to pro	duce. To	be carr	ied as	closed i	.n.		
							ja de la composición		
						-			
Witnessed by	•		Position		Company				
G. W. O) DO EST	EU LIN DE		ion For			Corporation	n.	
<u> </u>		FILL IN DE	LOW FOR RE	AL WELL		EPURIS OF	VL Y		
D F Elev.	Т	. D	PBTD			Producing	Interval	Completion Date	
Tubing Diameter		Tubing Depth	Tubing Depth		Oil String Diameter		Oil String Depth		
Perforated Int	erval(s)			<u> </u>					
Open Hole Interval					Producing Formation(s)				
		······································	DECILI -	S OF WOR	V 0.455				
		011 7 1 1							
Test	Date of	Oil Producti		oduction FPD		Production	GOR	Gas Well Potential MCFPD	
Before	Test	BPD	I MC	FPD	t	3 P D	Cubic feet/Bb	I MCFPD	
Workover	lest	BPD	MC	FPD	I	3 P D	Cubic feet/Db	1 MCFPD	
	lest	BPD	MC						
Workover After		BPD RVATION COMMISSION		I her	eby certi		formation given		
Workover After				I her	eby certi e best of	fy that the in	formation given		
Workover After Workover				I her to th	eby certi e best of	fy that the in	formation given		
After Workover				I her to th Name	eby certie best of	fy that the in my knowleds	formation given age.		
After Workover				I her to th Name Posit Comp	ion Area P	fy that the in my knowleds	formation given age.	above is true and complete	