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LAND OFFICE

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OPERATOR

## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103

(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company

ALBERT GACKLE, OPERATOR

Address

P.O. Box 430, Hobbs, New Mexico

Lease

B.W. Canyon "B"

Well No.

2

Unit Letter

M

Section

30

Township

23-S

Range

37-E

Date Work Performed

Pool

Langlie-Mattix

County

Lea

THIS IS A REPORT OF: (Check appropriate block)

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

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

No intend to pull packer and gas lift valves. Clean out well to bottom. Run tubing and rods and put well to pumping.

Witnessed by

Position

Company

## FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

## ORIGINAL WELL DATA

D F Elev. TD P BTD 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

Marlene Gackle

Title

Position

Date

Company

Albert Gackle, Operator