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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

HOBBS OFFICE OCC

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

Name of Company

Gulf Oil Corporation

Address

P. O. Box 980, Kermit, Texas

Lease

Harry Leonard "G"

Well No.

17

Unit Letter

D

Section

4

Township

25S

Range

38E

Date Work Performed

Pool

Dollarhide Queen

County

Lea

THIS IS A REPORT OF: (Check appropriate block)

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

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

This well was transferred from the Hobbs Area to the Kermit Area effective 12-9-59, and the shut-in status was not brought to the attention of the clerical department, thus, the failure for not reporting the semi-annual closed in status of well.

No plans have been made for further work on this well at this reporting.

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

Area Production Manager

Date

Company

Gulf Oil Corporation