CISTAIBUTION							
SANTA FI							
FILE							
U. <b>5</b> . G . S							
LAND OFFICE							
	OIL						
TRANSPORTER	GAS .						
PRORATION DEFI	î E						
OPERATOR							

## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103

U.S.G.S														(Rev 3-55)
TRANSPORTER	OIL GAS				MISCELLANEOUS REPORTS ON WELLS									
Gubmit to appropriate District Office as per Commission Rule 1106)														
Name of Company Address														
	son	& F	ren	ch (	Oil Com			<u> </u>		102 Jal	. N			
Lease WOO	Lwort	th				Well No.	Unit H	Letter	Section 26	Township 2	4	R	ange 3	6£
Date Work Per				Pool	Jal-M	ia <b>t</b>				County Le				
<del> </del>	THIS IS A REPORT OF: (Check appropriate block)													
Beginning Drilling Operations Casing Test and Cement Job Other (Explain):														
Plugging Remedial Work														
Detailed acco	unt of w	ork do	one, na	ature a	and quantity	of material	s used,	and res	sults obta	ined.				
			,		1,		,							
		Ę	0 <b>01</b>	wort	th is s	till t	епро	rari	lv ab	andon				
		**	J <b>J</b>		B),1 4.2. 10	0141	смро.	4 (34 4	1. j (1. j.)	Dardon				
:														
Witnessed by						Position		<del></del>		Company				
				F	ILL IN BE					EPORTS ON	ILY	<del></del>		
ORIGINAL   D F Elev. T D PBTD								Producing Interval Completion Date						letion Date
Dr Elev.						" "				Troducing	Inter	<b>,</b>	Comp	icion Date
Tubing Diame	ter			Tubi	ng Depth			Oil Str	ing Diame	eter		Oil String I	Depth	
				<u> </u>										
Perforated Int	erval(s)													
Open Hole Inte	0.5701			<del></del>				Produc	ing Form	ation(s)				
Open Hote Into	ervar							roduc	ing roum	ation(3)				
						RESU	LTS O	F WOR	KOVER					
	D	ate of		To	il Productio	n Gas	Produc	ction	Water I	Production		GOR	G	sas Well Potential
Test		Test			BPD		MCFP			3 P D	Cul	bic feet/Bbl		MCFPD
Before Workover														
After								<del> </del>	<del>                                     </del>					
Workover														
<u> </u>												tion given a	bove i	s true and complete
	OIL	CONS	ERVA	LTION	COMMISSIO	M		to th	e best of	my knowledg	ge.			
A 1 b	<del></del>	<del></del>	<del></del>					Name			~		_	
Approved by								Name	L'A	مريض				
Title		<del></del>						Posit	<del></del>	-57	7 1	24171	<u>.</u>	
1										rtner				
Date								Comp		anson &	Fre	ench Oi	.1 C	ombany