

| | |
|---------------------------|-----|
| NUMBER OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| PRODUCTION OFFICE | |
| 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 116B)

| | | | | | | | |
|--|--|-----------------------|-------------------------|--|-------------------------|----------------------|--|
| Name of Company Gulf Oil Corporation | | | | Address Box 670, Hobbs, New Mexico | | | |
| Lease Elbert Shipp (NCT-A) | | Well No. 3 | Unit Letter H | Section 21 | Township 19-S | Range 37-E | |
| Date Work Performed | | Pool Bumont | | | County Lea | | |

THIS IS A REPORT OF: (Check appropriate block)

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

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

Subject well is still carried as closed in. No plans have been made at this time for further work on this well.

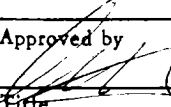
| | | |
|--------------|----------|---------|
| Witnessed by | Position | Company |
|--------------|----------|---------|

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 C. D. BORLAND | ORIGINAL SIGNED BY | |
| Title | Position Area Production Manager | | |
| Date | Company Gulf Oil Corporation | | |