| NUMBER OF COPI | ES ECEIVED STRIBUTION | | <u> </u> | | | | | | 1 | | | |
|--|--------------------------|----------------------------|--------------|----------------------|------------|---|---|-----------------|-------------------|------------------|--------------------------|--|
| NEW MEXIC | | | | | | OOIL CONSERVATION COMMISSION FORM C-103 (Rev 3-55) ANEOUS REPORTS ON WELLS | | | | | | |
| PROBATION OFFICE Into Atlantic Richtield Cotspisshit to appropriate District Office as per Commission 2010 100 All 161 161 161 161 161 161 161 161 161 1 | | | | | | | | | | | | |
| Name of Company Sinclair Oil & Gas Company Box 1920, Hobbs, New Mexico | | | | | | | | | | | | |
| Lease | Bertha J. | Ber ber | | ell No. | Unit 1 | Letter 1 | Section 7 | Township | T205 | Range | 37 % | |
| Date Work Per | | Poo | | Elineb | 7 7 | | | County | Les | | | |
| THIS IS A REPORT OF: (Check appropriate block) | | | | | | | | | | | | |
| Beginning Drilling Operations | | | | | | | | | | | | |
| Plugging Remedial Work Detailed account of work done, nature and quantity of materials used, and results obtained. | | | | | | | | | | | | |
| (Abeve | Wystt S | | opeir essi | Position |) Fore | | | Compan; | Sinel <i>s</i> ir | 011 & | Gas Company | |
| FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY ORIGINAL WELL DATA | | | | | | | | | | | | |
| D F Elev. T D | | | PBTD | | | | Producing Interval | | Cor | Completion Date | | |
| Tubing Diameter | | Tub | Tubing Depth | | Oil Strin | | ng Diame | ter | Oil St | Oil String Depth | | |
| Perforated Int | erval(s) | | | | | - | | | | , | | |
| Open Hole Interval | | | | | | Producing Formation(s) | | | | | | |
| | | | | RESUL | TS OF | WORK | OVER | | 1 | | | |
| Test | Date of Test | Date of Oil Production BPD | | Gas Product MCFPD | | | | roduction PD | | | 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 Jedin | | | | | | |
| Tiele | | | | | | Positi | Position Dist. Supt. | | | | | |
| Date | | | | | | | Company Sinelair Gil & Gas Company | | | | | |