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## NEW MEXICO OIL CONSERVATION COMMISSION FORM C-103

| LAND OFFICE TRANSPORTER PRORATION OF   | OIL<br>GA3                            |             | MISCELLANEOUS REPORTS ON WELLS  (Submit to appropriate District Office as per Commission Rule 1706) 7 |             |                     |   |                    |                                       |             |                             |  |
|--|---------------------------------------|-------------|---|-------------|---------------------|---|--------------------|---------------------------------------|-------------|-----------------------------|--|
|  |                                       |             |   |             |                     |   |                    |                                       |             |                             |  |
| Name of Com  | <sub>pany</sub><br>C <b>ontinen</b> t | al 011      | Compan  | v           | Addres              |   | 0 - Hok            | nhe N                                 | law Mar     | d.co                        |  |
| Lease  | Molan                                 |             | V   | Vell No.    | Unit Letter         | Section   | Township 21        | •                                     | Rans        | 37E                         |  |
| Date Work Pe   | rformed                               | Pool        | linebry   | & Drin      | kard                | 19  | County<br>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.  Abo zone was isolated when Drinkard perfs were squeezed & cement was drilled to 6685 in connection with a maintenance job performed on 2-\$-64.  Perforated Blinebry at 5738, 5750, 5756, 5760, 5768, 5782, 5793, 5810, 5819, 5833, 5845, 5856, 5864, 5881, 5896, 5915, 5922, 5932, 5938, 5950, 59\$4, 5982, 5998, 6013, 6018, 6032, 6038 \$ 6047 W/1 JSPF. Treated in 3 stages W/total of 3000 gals. |                                       |             |   |             |                     |   |                    |                                       |             |                             |  |
| Well Witnesset   | is now a                              | Drinka      | erd & Bl  |             | Daul.               | eman (  | Contino            | ental                                 | Oil Co      | ompany                      |  |
|  |                                       | F           | ILL IN BEL  | OW FOR F    | REMEDIAL W          | ORK RE  | PORTS OF           | NLY                                   |             |                             |  |
| 5 5 FI   | <del></del>                           | m D         |   |             | INAL WELL D         | DATA  | <del></del>        |                                       | <del></del> |                             |  |
| D F Elev.  | F Elev.                               |             |   | PBTD        |                     |   | Producing Interval |                                       |             | Completion Date             |  |
| Tubing Diameter Tub  |                                       | ng Depth    |   | Oil Stri    | Oil String Diameter |   | Oil String Depth   |                                       | h           |                             |  |
| Perforated In  | terval(s)                             | -           |   | -           |                     |   |                    |                                       | -           |                             |  |
| Open Hole In   | terval                                |             |   |             |                     | ng Forma  | tion(s)            |                                       |             |                             |  |
|  |                                       | <del></del> |   | <del></del> | TS OF WORK          | <del></del>   |                    | · · · · · · · · · · · · · · · · · · · |             |                             |  |
| Test   | Date of<br>Test                       | 0           | il Production<br>BPD  |             | Production<br>CFPD  | n Water Production<br>BPD   |                    | GOR<br>Cubic feet/Bbl                 |             | Gas Well Potential<br>MCFPD |  |
| Before<br>Workover   | 4)                                    | to Blir     | nebry be  | fore w      | orkover)            |   |                    |                                       |             |                             |  |
| After<br>Workover  | 2-29-6                                | 54          | 135   | 3           | 55                  | 4   |                    | 1315                                  | )           |                             |  |
|  |                                       |             |   |             | to the              | I hereby certify that the information given above is true and complete to the best of my knowledge. |                    |                                       |             |                             |  |
| Approved by  | 4                                     | tt.         | (A 110)   | )<br>:      | Name                |   |                    |                                       |             |                             |  |
| Title  |                                       |             |   |             | Positi              | PositionStaff Supervisor  |                    |                                       |             |                             |  |
| Date   | (0) ==                                | de          |   | · (0)       | Compa               | ·····Cont   | imental            | 011                                   | Compar      | ny .                        |  |