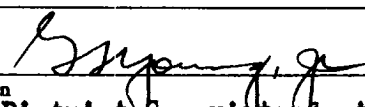


FORM C-103
(Rev 3-55)

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

Name of Company Magnolia Petroleum Company				Address P. O. Box 2406, Hobbs, New Mexico			
Lease H. B. Browning		Well No. 1	Unit Letter C	Section 33	Township 24 N	Range 1 W	
Date Work Performed 4-17-59		Pool Undesignated			County Rio Arriba		
THIS IS A REPORT OF: (Check appropriate block)							
<input checked="" type="checkbox"/> Beginning Drilling Operations		<input checked="" type="checkbox"/> Casing Test and Cement Job		<input type="checkbox"/> Other (Explain):			
<input type="checkbox"/> Plugging		<input type="checkbox"/> Remedial Work					
Detailed account of work done, nature and quantity of materials used, and results obtained.							
Commenced Drilling Operations: 11 A.M. April 17, 1959. Name of Drilling Contractor: Shiprock Drilling Company P. O. Box 1771 Farmington, New Mexico Set 8 5/8" csg 15 jts. 299' @ 309' with 210 sks. neat cement - Plugged Down 1:30 P.M. April 18, 1959 - Circulated WOC 24 hrs. Tested 8 5/8" csg. with 800# for 30 minutes held O.K.							
Witnessed by G. W. Walker			Position Production Foreman		Company Magnolia Petroleum Company		
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY							
ORIGINAL WELL DATA							
D F Elev.		T D		P B T D		Producing Interval	
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 Original Signed Emery C. Arnold				Name 			
Title Supervisor Dist. # 3				Position District Superintendent			
Date APR 23 1959				Company Magnolia Petroleum Company			

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received		2
DATE RECEIVED		
Operator	NO. OF COPIES	
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Proration Office	/	
State Land Office		
U. S. G. S.		
Transporter		
File	/	✓