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NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

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

| | | | | | | | |
|---|-----------------------------|-------------------------|----------------------|---|----------------------|--|--|
| Name of Company El Paso Natural Gas Company | | | | Address Box 990, Farmington, New Mexico | | | |
| Lease Brookhaven State | Well No. 9 | Unit Letter H | Section 16 | Township 31-N | Range 11-W | | |
| Date Work Performed 12-10-62 | Pool Basin Dakota | | | County San Juan | | | |

THIS IS A REPORT OF: (Check appropriate block)

| | | |
|--|---|---|
| <input type="checkbox"/> Beginning Drilling Operations | <input type="checkbox"/> Casing Test and Cement Job | <input checked="" type="checkbox"/> Other (Explain): Water Shut Off |
| <input type="checkbox"/> Plugging | <input type="checkbox"/> Remedial Work | |

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

Spud date.

On 12-11-62 T.D. 310'. Ran 7 joints 9 5/8" S-98 40# casing (296') set at 307'. Cemented w/210 sacks regular, 1/4 cu. ft. Strata-Crete "6"/sk., 2% HA-5. Circulated to surface. Held 600#/30 minutes.



| | | |
|--------------|----------|---------|
| 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 Original Signed Emory C. Arnold | | Name ORIGINAL SIGNED H.E. McANALLY | |
| Title Supervisor Dist. # 3 | | Position Petroleum Engineer | |
| Date JAN 7 1962 1963 | | Company El Paso Natural Gas Company | |