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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 **Elwyn C. Hale** Address **Box 657 Hobbs, New Mexico**

Lease **Hale State** Well No. **9** Unit **H** Letter **2** Section **2** Township **25 S** Range **37 E**

Date Work Performed **August 18, 1962** Pool **North Justis Ellenber** County **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.  
 Set 40 joints 10 3/4" O.D. 40.50# J55 ST&C seamless casing on bottom and 71 joints 10 3/4" O.D. 40.50# H40 ST&C seamless casing and 2 joints-43.17 ft. of 13 3/8" O.D. 48# H40 ST&C seamless casing on top-total string 3429.18 ft. of casing set at 3440.18 feet below the derrick floor.

Cemented with 3600 sacks of 50-50 Pozmix cement, 8% jel and 200 sacks of 50-50 Pozmix cement, 2% Jel. Cement circulated.

Tested casing before drilling plug with 1500' pressure and drilling plug with 1000' pressure. Both tests held perfectly.

Wait on cement 36 hours.

Witnessed by **d. A. Perry** Position **Foreman** Company **Cactus Drilling Corp.**

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev. TD PBTD 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 **Howard K. ...**

Title \_\_\_\_\_ Position **Superintendent**

Date \_\_\_\_\_ Company **Elwyn C. Hale**