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 Com | C. E. | Wall | | | | Address Box | | Loving | ton. | New Mo- | rie | | |
| Lease | | | We | ll No. | Unit I | Letter | Section | Township | <u> </u> | R | ange | | |
| | Gee | | | 1 | A | | 15 | 19 | | | | 26 | |
| Date Work P | erformed | Pool | Wildcat | | | | | County E e | ddy | | | | |
| | | | THIS IS A | REPORT | OF: (| Check a | ppropria | ite block) | | | | | |
| Beginn | ing Drilling Opers | ations | Casin | g Test ar | nd Ceme | ent Job | [| A Other (E | Explai | n): | | | |
| Pluggir | ng | | Reme | dial Work | | | | | | | | | |
| Detailed acc | ount of work done | e, nature and | quantity of | materials | used, a | and resu | lts obta | ined. | | ·· | | · · · · · · · · · · · · · · · · · · · | |
| | Set 7 to sh | " Casing ut off w | at 953 | ft. U | sed 5 | 0 sa c | ks ce | ment | | | | | |
| Witnessed by Position FILL IN BELOW FOR REME | | | | | | Company OIAL WORK REPORTS ONLY | | | | | | | |
| | | | | | | ELL D | | | | | | | |
| D F Elev. | T | D | | PBTI | D | | | Producing | Interv | al | Com | pletion Date | |
| Tubing Diameter Tubing I | | Depth | | | Oil String Diamete | | er | | Oil String Depth | | | | |
| Perforated In | terval(s) | | | | | | | · | | | - | | |
| Open Hole In | terval | | | | F | Producing Formation(s) | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | RESUL | TS OF | WORK | OVER | | | | | | |
| Test | Date of Test | | roduction SPD | Gas I | Producti CFPD | ion | Water P | roduction PD | Cub | GOR ic feet/Bbl | | Gas Well Potential MCFPD | |
| Before Workover | | | | | | | | | | | _ | | |
| After Workover | | | | | | | | | | | _ | | |
| | OIL CONSER | RVATION CO | MMISSION | | | I hereb to the | y certif best of | y that the in my knowleds | format ge. | ion given a | oove | is true and complete | |
| Approved by | ML an | ustre | ne | | | Name | | / € | - / | Vale | | | |
| Title | | | | | | Position Operator | | | | | | | |
| Date | | IN 1 1 195 | | | | Compan | у | C. E. | | 1 | - | | |
| | | | | | | | | | | | | | |

| ARTESIA DISTRICT OFFICE | | | | | | | |
|-------------------------|---|----|--|--|--|--|--|
| No. Copies Resolved | | 4 | | | | | |
| B. ATRICUTION | | | | | | | |
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