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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 Dr. Sam G. Dunn | | Address 1312 Main, Lubbock, Texas | |
| Lease Pendergrass | Well No. 1 | Unit Letter D | Section 4 |
| | | Township 7S | Range 26E |
| Date Work Performed 1-29-64 | Pool Linda San Andres | County Chaves | |

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☐ Casing Test and Cement Job
 ☒ Other (Explain): **Perforating and treating**
- ☐ Plugging
 ☐ Remedial Work

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

Perforated from 998' - 1030' with 2 shots per ft. and treated with 1000 gals. 15% acid, fraced with 14,000 gals. 3% acid water and 7000 lbs. 20-40 sand.

Well shut in for pumping equipment.

RECEIVED
FEB 21 1964
O. C. C.
ARTEBIA, OFFICE

| | | |
|--------------------------------------|--------------------------|-----------------------------------|
| Witnessed by L. R. McFadin | Position Supt. | Company Dr. Sam G. Dunn |
|--------------------------------------|--------------------------|-----------------------------------|

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

| | | | | |
|------------------------|--------------|------------------------|--------------------|-----------------|
| D F Elev. | T D | P BTD | 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 <i>ML Armstrong</i> | Name <i>L. R. McFadin</i> | | |
| Title OIL AND GAS INSPECTOR | Position Supt. | | |
| Date FEB 21 1964 | Company Dr. Sam G. Dunn | | |