| NUMBER OF COPIE | B RECEIVE     | ED | 3        | ם'          |
|-----------------|---------------|----|----------|-------------|
| DIS             | TRIBUTIO      | ν  |          | _           |
| SANTA FE        | $\mathcal{L}$ |    | <b></b>  |             |
| FILE            |               | 7  | <b> </b> |             |
| U.S.G.S.        |               |    |          | <b>]</b>  ; |
| LAND OFFICE     |               |    |          | _11         |
| TRANSPORTER     | OIL           |    |          | 1.00        |
|                 | GA5           |    |          | 7           |
| PRORATION OFFI  | CE            |    |          | _           |
| OPERATOR .      |               | _/ | _ L      | <u> </u>    |

## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103

| U.S.G.S.  | OIL   |  |                       | MISCE               | LLÁN                           | FOUS                     | REP              | ORTS ON          | WELLS                | (Rev   | 3-55)               |
|---|---|--|-----------------------|---------------------|--------------------------------|--------------------------|------------------|------------------|----------------------|--------|---------------------|
| TRANSPORTER PRORATION OFF   | GAS TICE  |  | (Submi                |                     |                                |                          |                  |                  | nission Rule 1       | 106)   |                     |
| Name of Company  Address  Box 2406, Hebbs, New Mexico   |   |  |                       |                     |                                |                          |                  |                  |                      |        |                     |
| Lease   |   |  |                       | Well No.            | Unit                           |                          | ·                | Township 9 8     | F                    | 28 I   |                     |
| Date Work Per   | Brien "B"   |  | Pool                  | 2                   |                                |                          | <u> </u>         | County           |                      |        |                     |
| 5/31/6  | 3   |  | Index1                | A REPOR             | / / ·                          | Chack                    | ****             | Cha              | 705                  |        |                     |
| THIS IS A REPORT OF: (Check appropriate block)  Beginning Drilling Operations  Casing Test and Cement Job  Cather (Explain):  |   |  |                       |                     |                                |                          |                  |                  |                      |        |                     |
|   | Plugging Remedial Work  |  |                       |                     |                                | Name change              |                  |                  |                      |        |                     |
|   | Detailed account of work done, nature and quantity of materials used, and results obtained. |  |                       |                     |                                |                          |                  |                  |                      |        |                     |
| This G-103 filed to change lease name and well number from C. L. O'Brien "C", Well #1  to C. L. O'Brien "B", Well #2. This change effective June 1, 1963.  RECEIVED  ARTESIA. DEFINE  Witnessed by  Position  Company |   |  |                       |                     |                                |                          |                  |                  |                      |        |                     |
| FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY  |   |  |                       |                     |                                |                          |                  |                  |                      |        |                     |
|   |   |  |                       |                     | GINAL Y                        | WELL D                   | ATA              | To               |                      | To the |                     |
| D F Elev.   | Elev. TD PBTD   |  | Producing             |                     |                                | Interval Completion Date |                  | Date             |                      |        |                     |
| Tubing Diame  | ing Diameter Tubing Depth   |  |                       | Oil String Diameter |                                |                          | Oil String Depth |                  |                      |        |                     |
| Perforated Interval(s)  |   |  |                       |                     |                                |                          |                  |                  |                      |        |                     |
| Open Hole In  | terval  |  |                       |                     |                                | Produci                  | ng Forms         | tion(s)          |                      |        |                     |
|   |   |  |                       | RESU                | LTS OF                         | WOR                      | COVER            |                  |                      |        |                     |
| Test  | Date of<br>Test   |  | Oil Production<br>BPD |                     | Produc<br>MCFPI                |                          |                  | Production<br>PD | GOR<br>Cubic feet/Bl |        | ll Potential<br>FPD |
| Before<br>Workover  |   |  |                       |                     |                                |                          |                  |                  |                      |        |                     |
| After<br>Workover   | = =   |  |                       |                     |                                |                          |                  |                  |                      |        |                     |
| OIL CONSERVATION COMMISSION  I hereby certify that the information given above is true and complete to the best of my knowledge.  |   |  |                       |                     |                                |                          |                  |                  |                      |        |                     |
| Approved by (1), A. Gressett  |   |  |                       | Name                | Name Mchanie                   |                          |                  |                  |                      |        |                     |
| Title  ESC 208 348 INSPECTES  |   |  |                       | Gre                 | Position Supervisor            |                          |                  |                  |                      |        |                     |
| Date 311 1963   |   |  |                       |                     | Second Mebil Cil Company, Inc. |                          |                  |                  |                      |        |                     |