| NUMBER OF COPIES RECEIVED      |                        |                 |             | <u></u>  |                       |                                       |                             |  |  |
|--------------------------------|------------------------|-----------------|-------------|--|-----------------------|---------------------------------------|-----------------------------|--|--|
| 54N14 F1<br>F1LE<br>U.S.G.S.   |                        | NEW MERC        | 0 01L C     | ONSER  | VATION                | COMMISSION                            | FORM C_ 103                 |  |  |
| LAND OFFICE<br>TRANSPORTER GAS | LAND OFFICE (Rev 3-55) |                 |             |  |                       |                                       |                             |  |  |
| OPENATION OFFICE               | (Subr                  | nit to appropri | ate Distri  | ct Office  | as per Co             | mmission Rule 11                      | 06.                         |  |  |
| Name of Company                | Petroleum Corj         | peration        | Addre       | Resve  | 11 Star               | Route - Tatu                          | n, New Maxice               |  |  |
| Lease East Caprock S           | ND                     | Well No.        | Unit Letter | Section  | n Township            | <b>12–3</b> R:                        | ange <b>32-E</b>            |  |  |
| Date Work Performed            | Pool                   | Caprock         |             |  | County                |                                       |                             |  |  |
|                                |                        | S A REPORT (    | DF: (Check  | . appropri   | ate block)            |                                       |                             |  |  |
| Beginning Drilling Opt         | erations C             | asing Test and  | Cement Jo   | Ь  | Other (               | -                                     | ***                         |  |  |
| Plugging                       | ging Remedial Work     |                 |             |  | Temporarily Abandened |                                       |                             |  |  |
| Witnessed by                   |                        | Position        | :           |  | PLAN5<br>Company      | FOR THIS WE                           | الله کې ۲۰ کې د<br>الله     |  |  |
|                                | FILL IN BE             | LOW FOR RE      | MEDIAL      | WORK R   | EPORTS 0              | NLY                                   |                             |  |  |
| D F Elev.                      | тр                     | ORIGIN          | AL WELL     | DATA   |                       | •••••••••••••••••••••••••••••••       |                             |  |  |
| Dr Elev.                       |                        | PBID            |             |  | Producing             | g Interval                            | Completion Date             |  |  |
| Tubing Diameter                | Tubing Depth           | oing Depth      |             | Oil String Diameter  |                       | Oil String D                          | Pepth                       |  |  |
| Perforated Interval(s)         |                        |                 |             |  |                       | · · · · · · · · · · · · · · · · · · · |                             |  |  |
| Open Hole Interval             |                        |                 |             | Producing Formation(s)   |                       |                                       |                             |  |  |
|                                |                        | RESULT          | S OF WOR    | KOVER  |                       |                                       |                             |  |  |
| Test Date of Test              | Oil Productic<br>BPD   |                 |             |  | Production<br>3 P D   | GOR<br>Cubic feet/Bbl                 | Gas Well Potential<br>MCFPD |  |  |
| Before<br>Workover             |                        |                 |             |  |                       |                                       |                             |  |  |
| After<br>Workover              |                        |                 |             |  |                       |                                       |                             |  |  |
| OIL CONSERVATION COMMISSION    |                        |                 |             | I hereby certify that the information given above is true and complete<br>to the best of my knowledge. |                       |                                       |                             |  |  |
| Approved by                    |                        |                 |             | Name Name  |                       |                                       |                             |  |  |
| Title                          |                        |                 |             | Position Assistant District Superintendent   |                       |                                       |                             |  |  |
| Date                           |                        |                 |             | Company<br>Amerada Petroleum Corperation   |                       |                                       |                             |  |  |
|                                |                        |                 |             |  |                       | -                                     |                             |  |  |