

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 Cabot Corporation | | Address P. O. Box 4395, Midland, Texas | | | |
| Lease State of New Mexico "L" | Well No. 1 | Unit Letter E | Section 23 | Township 11-S | Range 33-E |
| Date Work Performed 8-9-62 | Pool Wildcat | | | 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.

1. Spudded 1:05 A.M. 8-9-62
2. Set 13-3/8" 48# H-40 New Casing @ 332'
3. Cemented w/325 Sacks Regular Cement -- Cement circulated to Cellar
4. W. O. C. 24 hours. Tested casing w/1000 PSI for 30 minutes. Test O.K.

| | | |
|------------------------------------|--------------------------------|-------------------------------------|
| Witnessed by Howard Mauk | Position Field Supt. | Company Cabot Corporation |
|------------------------------------|--------------------------------|-------------------------------------|

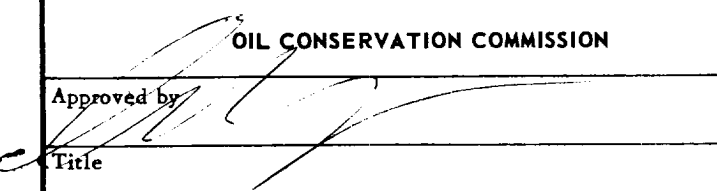
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

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  | Name Ray C. Aguirre | | |
| Title | Position Dist. Prod. Supt. | | |
| Date | Company Cabot Corporation | | |