

| NUMBER OF COPIES RECEIVED | | DISTRIBUTION | |
|---------------------------|-----|--------------|--|
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| PRODUCTION OFFICE | | | |
| OPERATOR | | | |

NEW MEXICO OIL CONSERVATION COMMISSION

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

FORM C-103

(Rev 3-55)

| | | | | | | |
|--|----------------------|---|---|---|--------------------|--------------------------|
| Name of Company | | Address | | | | |
| Amarada Petroleum Corporation | | P.O. Box 668 - Hobbs, New Mexico | | | | |
| Lease | Well No. | Unit Letter | Section | Township | Range | |
| State of NM | 4 | M | 35 | 11-S | 33-E | |
| Date Work Performed | Pool | | | County | | |
| | Bagley Pennsylvanian | | | Lea | | |
| THIS IS A REPORT OF: (Check appropriate block) | | | | | | |
| <input type="checkbox"/> Beginning Drilling Operations | | <input type="checkbox"/> Casing Test and Cement Job | | <input type="checkbox"/> Other (Explain): | | |
| <input type="checkbox"/> Plugging | | <input type="checkbox"/> Remedial Work | | Temp. Abandoned | | |
| Detailed account of work done, nature and quantity of materials used, and results obtained. | | | | | | |
| FOR RECORD ONLY - To advise this well is still closed in and temporarily abandoned with no other plans at this time. | | | | | | |
| Witnessed by | | Position | | Company | | |
| 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 | | | |
| Title | | | Position | | | |
| Date | | | Company | | | |
| | | | District Superintendent | | | |
| | | | Amarada Petroleum Corporation | | | |