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 TRICE PRODUCTION COMPA | | | | | | Addres | Address Box 167 Midles | | | nd, Texas | | | | |
| Lease | 0. L. | Kilcer | | | Well No. | Uni | t Letter | Section 10 | Township 98 | | Ra | inge 3 6E | | |
| Date Work Perf | ormed /59 | | Pool | 43.75 m | on Penn | | | | County | • | | | | |
| | 127 | | | | A REPOR | T OF: | (Check | appropri | | | | | | |
| Beginning | Drilling | Operation | s | Cas | sing Test a | | | | Other (E | xplai | n): | · | | |
| Plugging | | | | Rei | medial Wor | k { | 3-5/8° | | | | | | | |
| Detailed accou | nt of work | done, na | ture and | quantity o | of material | s used | , and res | ults obta | ined. | | | | | |
| Ran and set 4192° of 36# 8-5/8" esg (11" hole) w/1700 sx cement Cement eirculated, tested 600# pressure, tested 0K | | | | | | | | | | | | | | |
| Witnessed by | | | | | Position | <u> </u> | | Company | | | | | | |
| <u>-</u> | | | FIL | L IN BEL | OW FOR | REME | DIAL | ORK R | EPORTS OF | VI.Y | | | | |
| | | | | | | | WELL | | | | | | | |
| D F Elev. T D | | | | РВТ | . D | | | Producing Interval | | val | Completion Date | | | |
| Tubing Diameter | | | Tubing | | Oil String | | ng Diame | neter | | Oil String Depth | | | | |
| Perforated Inte | rval(s) | | | | | | | | | | | | | |
| Open Hole Interval | | | | | | | Produci | Producing Formation(s) | | | | | | |
| RESULTS OF | | | | | | | | WORKOVER | | | | | | |
| Test | Date Tes | | | Production BPD | | Produ ICFP | | | Production PD | Cu | GOR bic feet/Bbl | G | as Well Potential MCFPD | |
| Before Workover | | | | | | | | | | | | | | |
| After Workover | | | | | | | | | | | , | | | |
| OH CONSERVATION COMMISSION | | | | | | | I here to the | I hereby certify that the information given above is true and complete to the best of my knowledge. | | | | | | |
| Approved by | | | | | | | Name | Name Agent | | | | | | |
| Fitle Language Control of Mary | | | | | | Positi | Position TRICE PRODUCTION COMPANY | | | | | | | |
| Date | | | | | | | | Company | | | | | | |