

| | |
|---------------------------|------------|
| 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

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1759)

| | | | |
|--------------------------------------|-----------------------------|---|----------------------|
| Name of Company Sam Boren | | Address Box 953, Midland, Texas | |
| Lease Atlantic-State | Well No. 4 | Unit Letter J | Section 32 |
| | | Township 8S | Range 37E |
| Date Work Performed 9-9-62 | Pool Allison Penn | County Foosevelt | |

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.

10-3/4 inch 32.75#, H-40 casing set @ 417' & cemented with 400 sax. Cement circulated to surface. Cement allowed to set 24 hours before testing with rig pump at 1000# pressure for 30 minutes with No drop. Well spudded 9-7-62.

| | | |
|--------------------------------------|--------------------------------|---|
| Witnessed by Bill Williams | Position Tool Pusher | Company Hisson Drilling Company |
|--------------------------------------|--------------------------------|---|

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

| | | | | |
|------------------------|--------------|------------------------|--------------------|-----------------|
| D F Elev. | T D | P B T D | 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 <i>John W. Ryan</i> | Name <i>Frederick Smith</i> |
| Title | Position Agent |
| Date | Company Sam Boren |