

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 Graridge Corporation | | Address Box 752 - Breckenridge, Texas | | | |
| Lease North Caprock Queen Unit #1 | Well No. 36-8 | Unit Letter H | Section 36 | Township 12S | Range 31E |
| Date Work Performed 8-16-59 | Pool Caprock Queen | County Lea | | | |

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations ☐ Casing Test and Cement Job ☒ Other (Explain):
☐ Plugging ☐ Remedial Work Convert to water injection well

Detailed account of work done, nature and quantity of materials used, and results obtained.

Started injecting water into this well on 8-16-59 for waterflood operations in Caprock Queen Pool. (Refer to Administrative Order WFX No. 10).

COPY

| | | |
|-------------------------------|----------------------------|---------------------------------|
| Witnessed by Cliff Chapman | Position Field Engineer | Company Graridge Corporation |
|-------------------------------|----------------------------|---------------------------------|

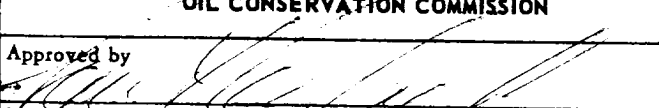
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

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 Charles W. Smith | | |
| Title Production Clerk | Position Production Clerk | | |
| Date August 1959 | Company Graridge Corporation | | |