

| | |
|---------------------------|------------|
| 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 1106)

| | | | |
|--|--------------------------|--|----------------------|
| Name of Company Great Western Drilling Company | | Address Box 1659, Midland, Texas | |
| Lease Rock Queen Unit - Tract 43 | Well No. 25-10 | Unit Letter J | Section 25 |
| Date Work Performed January 18, 1962 | | Township 13 | Range 31 |
| Pool Caprock Queen | | County Chaves | |

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.

Well 25-10 was cleaned out to T.D. A packer was run on 2" tubing and set at 3005'.
Injection is down the 2" under the packer.

Order WFX 99

| | | |
|--|-----------------------------------|---|
| Witnessed by W. L. Robinette | Position Superintendent | Company Pioneer Well Services, Ltd. |
|--|-----------------------------------|---|

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 | | Name | O.H.Crews |
| Title | | Position | Administrative Coordinator |
| Date | | Company | Great Western Drilling Company |