

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 Cities Service Oil Co. | | | Address Box 97, Hobbs, New Mexico | | | |
| Lease B. Q. S. U. Tr. No. 3 | Well No. 1-W | Unit Letter J | Section 10 | Township 14-S | Range 31-E | |
| Date Work Performed 9-25-60 | 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.

This well was drilled to 2925' T.D. Anhydrite.
Effective 9-19-60 well No. 1 was disconnected from pumping equipment and water injection equipment was installed as follows: 1-Brown Tension Anchor w/94 jts. of new 2" EUE 4.7# 8R J-55 SS Tubing w/internal plastic coating or 2893' set @ 2898.24'. Water supply lines were laid and water is being injected as of 9-27-60.

| | | |
|-------------------------------------|-----------------------------|--|
| Witnessed by W. L. Janney | Position Engineer | Company Cities Service Oil Co. |
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

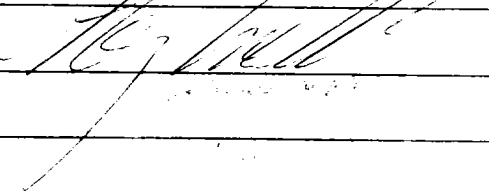
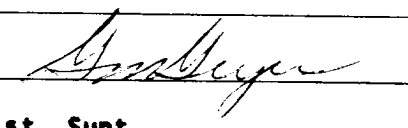
| | | | | |
|------------------------|--------------|------------------------|--------------------|-----------------|
| D F Elev. | T D | P B T D | Producing Interval | Completion Date |
| Tubing Diameter | Tubing Depth | Oil String Diameter | Oil String Depth | |
| Perforated Interval(s) | | | | |
| 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.

| | |
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| Approved by  | Name  |
| Title | Position Dist. Supt. |
| Date | Company Cities Service Oil Co. |