

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

HOBBS OFFICE OCC

(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 No. 1 | Well No. 7-11 | Unit Letter W | Section 7 | Township 13S | Range 32E | |
| Date Work Performed 3-11-59 | 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

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

Run 3077' of 5-1/2" OD 8 Rd. Thd. 140 J-55 casing, set at 3051' and cemented with 300 sacks regular cement with 2% gel. Held 600 psi pressure for 24 hours.

| | | |
|--------------------------------------|-----------------------------------|--|
| Witnessed by Paul Holloway | Position Superintendent | Company Graridge Corporation |
|--------------------------------------|-----------------------------------|--|

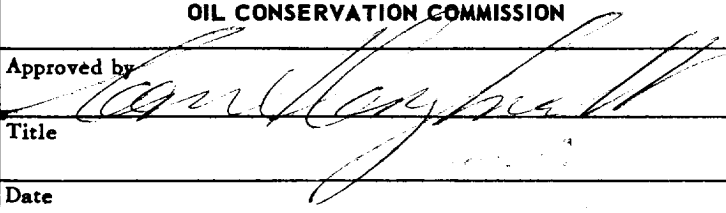
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

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 T. A. Ford | | |
| Title Manager of Production | Position Manager of Production | | |
| Date 3-11-59 | Company Graridge Corporation | | |