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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 C. W. TRAINER | | Address P. O. Box 2222 Hobbs, New Mexico | |
| Lease Hume Queen Unit | Well No. 2-3 / 5 | Unit Letter F | Section 8 |
| Date Work Performed May 24.-31, 1963 | | Township 16-South | |
| Pool Hume Queen | | Range 34-East | |
| | | 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.

Pulled tbg. Ran 2 3/8" cement lined tubing, set on packer at 3913'.

Filled annulus with inhibited water. Started injection on May 31, 1963.

| | | |
|------------------------------------|----------------------------|---------------------------------|
| Witnessed by Glenn Stach | Position Foreman | Company C. W. TRAINER |
|------------------------------------|----------------------------|---------------------------------|

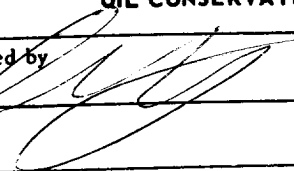
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

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 C. W. Trainer | |
| Title Hume Queen Unit Operator | | Position C. W. Trainer | |
| Date | | Company C. W. TRAINER | |