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	Address
Cabot Carbon Company	**Box 4395, Midland, Texas**

Lease	Well No.	Unit Letter	Section	Township	Range
New Mexico State "B"	**5**	**S**	**1**	**16-S**	**35-E**

Date Work Performed	Pool	County
2-2-60 to 4-15-60	**Townsend-Wolfcamp**	**Lea**

THIS IS A REPORT OF: *(Check appropriate block)*

- [ ] Beginning Drilling Operations
- [ ] Casing Test and Cement Job
- [ ] Other *(Explain)*:
- [ ] Plugging
- [X] Remedial Work

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

Perforated 5½" casing in the interval 10,556' - 10,582'. Treated with 6,000 gallons acid, well would not flow. Installed pumping equipment, put well to pumping.

Witnessed by	Position	Company
Howard Mauk	**Field Supt.**	**Cabot Carbon Company**

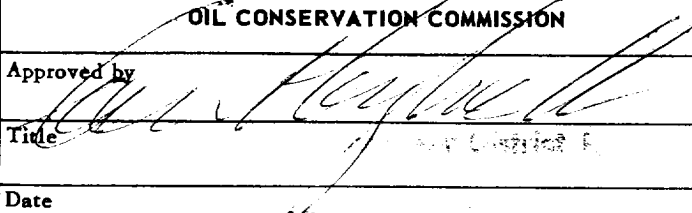## FILL IN BELOW FOR REMEDIAL WORK REPORTS *ONLY*

ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
3982	**10,675**	**10,642**	**Wolfcamp**	**9-9-56**

Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth
2-3/8"	**10,300'**	**5½"**	**10,675'**

Perforated Interval(s)
10,556'-10,582', 10,589'-10,601', 10,609'-10,615', 10,624'-10,640',

Open Hole Interval	Producing Formation(s)
—	**Wolfcamp**

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	**1-30-60**	**0 (Dead)**	**0**	**0**	**0**	
After Workover	**4-15-60**	**122**	**137**	**41**	**1125**	

OIL CONSERVATION COMMISSION	I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved by	Name *Perry C. Wynn*
Title	Position **Dist. Prod. Supt.**
Date	Company **Cabot Carbon Company**