

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 106)

| | | | | | | |
|--|-------------------------|--|-------------------------|----------------------|--|--|
| Name of Company David Fasken | | Address 608 First Natl. Bank Bldg., Midland, Texas | | | | |
| Well No. 1 | Unit Letter C | Section 32 | Township 16-S | Range 39 E | | |
| Ora Lee Rascoe, et al. | | Pool Wildcat | | 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.

March 8, 1960 - Spudded.**March 9, 1960 - Ran 13-3/8 Csg. - to 370' cemented with 400 sax. circulated.****March 11, 1960 - Ran 8-5/8" Csg. to 2165' and cemented with 300 sax.****March 12, 1960 - Tested 8-5/8" Csg. with 1500 PSI for 30 minutes. No pressure loss.**

NOTE: 13-3/8" 48# H-40 new casing tested on March 10, 1960, with 850 PSI for 30 minutes. No pressure loss.

8-5/8" 24# J-55 new casing.

| | | |
|--|-----------------------------|--------------------------------|
| Name of Engineer E. E. Evinger | Position Engineer | Company David Fasken |
|--|-----------------------------|--------------------------------|

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

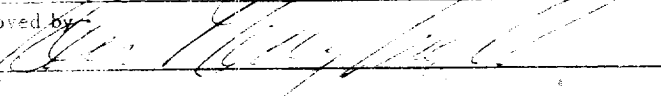
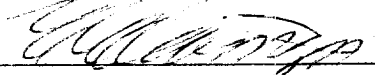
| | | | | |
|-----------------------|--------------|---------------------|------------------------|-----------------|
| Well Elev. | T D | P B T D | Producing Interval | Completion Date |
| Tubing Diameter | Tubing Depth | Oil String Diameter | Oil String Depth | |
| Producing Interval(s) | | | | |
| 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  |
| Title | Position Consulting Engineer |
| Date | Company E. E. Evinger |