| THOMAN OF OPIL                 | 8 Mar. 11910   |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
|--------------------------------|--|------------------|--|-----------|----------|-----------------------|--|----------------------|-----------------|-----|---------------|-------|--------------------|--|
|                                | Threety Trook  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
|                                |  |                  | NEW MEXICO OIL CONSERMATION CONTESTON FORM C-103 |           |          |                       |  |                      |                 |     |               |       |                    |  |
| AND OFFICE                     | ·  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
| AISCELLANEDUS REPORTS ON MEULS |  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
| OPERATOR                       | е<br>  | _                | (Subr  | mit to    | appropi  | riate D               | Istrici  | - S Hites            | en por Cea      |     | ion Ruig 11   | 706)  | :                  |  |
| Name of Compa                  |  |                  | _  |           |          |                       | Addres   |                      |                 |     |               |       |                    |  |
| Lease                          | obil Oil   | any, Inc.        | Well No. Unit Letter Secti                       |           |          |                       |  | 6, Hobbs, New Mexico |                 |     |               |       |                    |  |
| State Br                       | idges  |                  |  |           | 24       | M                     |  | 13                   | -               | 7 S |               |       | 34 E               |  |
| Date Work Perf                 | ormed  |                  | Pool   |           |          |                       |  | I                    | County          |     |               |       |                    |  |
| 1/1/62 Vacuum                  |  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
|                                | THIS IS A REPORT OF: (Check appropriate block)   Beginning Drilling Operations Casing Test and Cement Job X Other (Explain): |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
| Beginning                      |  |                  |  |           |          |                       | X Other (Explain):   |                      |                 |     |               |       |                    |  |
| Plugging                       | R  | Remedial Work    |  |           |          | Temporarily Abandoned |  |                      |                 |     |               |       |                    |  |
| Detailed accou                 | nt of work do  | one, na          | ture and quantity                                | y of ma   | aterials | used, a               | nd resi  | ults obta            | ined.           |     |               |       |                    |  |
|                                |  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
|                                |  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
| TD:                            | 47001  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
| Hel                            | d for wai  | ter i            | njection We                                      |           |          |                       |  |                      |                 |     |               |       |                    |  |
|                                |  |                  | aloo arom at                                     |           |          |                       |  |                      |                 |     |               |       |                    |  |
|                                |  |                  | ,  |           |          |                       |  |                      |                 |     |               |       |                    |  |
|                                |  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
|                                |  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
|                                |  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
|                                |  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
|                                |  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
|                                |  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
| Witnessed by Position          |  |                  |  |           |          |                       | Company  |                      |                 |     |               |       |                    |  |
|                                |  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
|                                |  |                  | FILL IN BE                                       | LOW       |          |                       |  |                      | PORTSON         | NLY |               |       |                    |  |
| DF Elev.                       |  | ORIGINAL<br>PBTD |  |           |          |                       | Producing Interval   |                      | Completion Date |     |               |       |                    |  |
| D F Elev. T D                  |  |                  | <u></u>  |           |          |                       |  |                      |                 |     |               |       |                    |  |
| Tubing Diamet                  | Tubing Diameter Tubin  |                  |  | ing Depth |          |                       | )il Strin  | ng Diame             | er Oil String   |     |               | Depth |                    |  |
| Perforated Inte                | rval(s)  |                  | 1  |           |          | <u> </u>              |  |                      |                 |     | ·             |       |                    |  |
|                                |  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
| Open Hole Interval             |  |                  |  |           |          |                       | Producing Formation(s)   |                      |                 |     |               |       |                    |  |
| DECULTC A                      |  |                  |  |           |          |                       | F WORKOVER   |                      |                 |     |               |       |                    |  |
|                                | Date of  |                  | Oil Producti                                     | I         |          | Producti              |  |                      | roduction       |     | GOR           |       | Gas Well Potential |  |
| Test                           | Date of<br>Test  |                  | BPD  |           | MCFP     |                       |  |                      |                 |     | ubic feet/Bbl |       | MCFPD              |  |
| Before<br>Workover             |  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
| After<br>Workover              |  |                  |  |           |          |                       |  |                      |                 |     |               |       |                    |  |
| OIL CONSERVATION COMMISSION    |  |                  |  |           |          |                       | I hereby certify that the information given above is true and complete<br>to the best of my knowledge. |                      |                 |     |               |       |                    |  |
| Approved by                    |  |                  |  |           |          |                       | Name   |                      |                 |     |               |       |                    |  |
| Title                          |  |                  |  |           |          |                       | Position   |                      |                 |     |               |       |                    |  |
| Date                           |  |                  |  |           |          |                       | Senior Clerk   |                      |                 |     |               |       |                    |  |
| Date                           |  |                  |  |           |          |                       | Company<br>Socony Mobil Oil Company. Inc.  |                      |                 |     |               |       |                    |  |