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NEW MEXICO OIL CONSERVATION COMMISSION

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

HOBBS OFFICE
FORM C-103
May 3-55
3 14 PM

| | | | | | |
|---|------------------------------------|---|----------------------|-----------------------|--------------------|
| Name of Company Tidewater Oil Company | | Address Box 249, Hobbs, N. Mex. | | | |
| Lease W. D. Grimes | Well No. 1 | Unit Letter 1 | Section 29 | Township 18 | Range 38 |
| Date Work Performed 3/1/64 | Pool Bowers Seven Rivers | | County Lea | | |

THIS IS A REPORT OF: (Check appropriate block)

| | | |
|--|---|--|
| <input type="checkbox"/> Beginning Drilling Operations | <input type="checkbox"/> Casing Test and Cement Job | <input checked="" type="checkbox"/> Other (Explain): |
| <input type="checkbox"/> Plugging | <input type="checkbox"/> Remedial Work | |

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

Well shut-in pending study for remedial work or abandonment

| | | |
|--------------|----------|---------|
| Witnessed by | Position | Company |
|--------------|----------|---------|

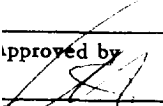
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

| | | | | |
|------------------------|--------------|------------------------|--------------------|-----------------|
| D F Elev. | T D | P B T D | Producing Interval | Completion Date |
| 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 O. L. WADE | | |
| Title | Position Area Spt. | | |
| Date | Company Tidewater Oil Company | | |