

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

# 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 <b>DOB Oil Properties, Inc.</b>				Address <b>Box 953, Midland, Texas</b>			
Lease <b>Gulf-State</b>	Well No. <b>3</b>	Unit Letter <b>C</b>	Section <b>21</b>	Township <b>17S</b>	Range <b>34E</b>		
Date Work Performed <b>12-16-61</b>	Pool <b>Vacuum</b>			County <b>Lea</b>			

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.

4-1/2 inch J55 11.6# casing set @ 4775 feet and cemented with 200 sacks cement. Cement allowed to set 24 hours before testing with rig pump at 1250# for 30 minutes with no drop. All water shut off.

Witnessed by <b>Bill Lloyd</b>	Position <b>Superintendent</b>	Company <b>DOB Oil Properties, Inc.</b>
-----------------------------------	-----------------------------------	--

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	
Title		Position	<b>Agent</b>
Date		Company	<b>DOB Oil Properties, Inc.</b>