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NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 3706)

| | | | | | | | |
|--|-----------------------------|-------------------------|----------------------|---|----------------------|--|--|
| Name of Company Socony Mobil Oil Company, Inc. | | | | Address Box 2406, Hobbs, New Mexico | | | |
| Lease State NM | Well No. 10 | Unit Letter E | Section 34 | Township 17 S | Range 35 E | | |
| Date Work Performed 2/5 thru 2/6/62 | Pool Undesignated | | | 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.

Dale Mount Drilling Co. spudded @ 8 AM 2/5/62 (Commenced drilling operations).
Set 324' of 32.75# H-40 10 3/4" csg. @ 324' w/450 sx Portland neat cement w/2% HA-5.
Circulated. Plug down 930 AM 2/6/62. WOC 12 hrs. Tested 10 3/4" csg. w/500# for
30 mins. Tested OK.

| | | |
|---------------------------------------|-------------------------------------|--|
| Witnessed by Earl D. Hughes | Position Drilling Foreman | Company Socony Mobil Oil Company, Inc. |
|---------------------------------------|-------------------------------------|--|

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 Senior Clerk |
| Date | Company Socony Mobil Oil Company, Inc. |