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NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON OIL WELLS

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

1962 APR 4 AM 9:56

| | | | | | | | |
|--|-----------------------------|-------------------------|----------------------|---|----------------------|--|--|
| Name of Company RALPH LOWE | | | | Address BOX 832, MIDLAND, TEXAS | | | |
| Lease HOOPER | Well No. 1 | Unit Letter N | Section 20 | Township 19-S | Range 35-E | | |
| Date Work Performed March 29, 1962 | 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.

Well spudded in on March 28, 1962. On March 29, 1962, 300' of 8-5/8" 24# J-55 Casing was set and cemented with 300 sacks regular cement circulated to surface. Plug down at 7:00 A.M. Pipe tested after 24 hours on March 30, 1962, at 1500# pressure for 30 minutes. Pipe O.K.

| | | |
|------------------------------------|---|------------------------------|
| Witnessed by FLOYD SMITH | Position Field Superintendent | Company RALPH LOWE |
|------------------------------------|---|------------------------------|

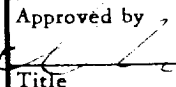
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

| | | | | |
|------------------------|--------------|---------------------|------------------------|-----------------|
| D F Elev. | T D | P BTD | 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 AGENT | |
| Title | | Position AGENT | |
| Date | | Company RALPH LOWE | |

