Form C-103 (Revised 3-55)

NEW MEXICO OIL CONSERVATION COMMISSION MISCELLANEOUS REPORTS ON WELLS

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

| COMPANY | Shell 011 Com | pany Box (Ad | 1957 ldress) | Hobbs, | New Mex | Loo | | | |
|-------------------------|---|--|---------------------------------------|---------------------|--------------------|--------------------|--|------------------------|-------------|
| LEASE | State PB | WELL NO. | 1 UNI | T r | S 27 | T1 | ^ 3 | R_3 | |
| DATE WO | RK PERFORME | D 10-3-thru 10 | - 7-57 PO | | Pearl A | | | | |
| This is a H | Report of: (Che | ck appropriate | block) | x Re | sults of | Test o | f Casi | ing Shi | ut-off |
| В | eginning Drillin | ng Operations | | | medial | | | | |
| P | lugging | | | Oti | ner | | | | |
| Detailed a | ccount of work | done, nature an | nd quantity | of mat | erials u | sed and | resu | lts ob | tained |
| 1 t | Ran 293' of 9-5/6 out approximately OC 28 hours test cested casing wit | y 25 sacks. Pluted casing with the 225 psi. Ten | ug down @ 16 650 psi. : | 0:00 pm Pest (), | (MST) 1 K. Dril | 0-3-57. | Afte | ated er | |
| FILL IN B Original W | ELOW FOR REI | MEDIAL WORK | REPORTS | ONLY | <u> </u> | | | | |
| DF Elev. | TD | PBD | Prod. I | nt | | C 1 : | D-4- | | |
| — Tbng. Dia | Thing De | | I rou. I Dil String D | | | Compl: l String | - | <u> </u> | |
| Perf Interv | | | 511 501 ting 1 | | O. | Louing | Бері | ··· | |
| Open Hole | ` ′ | Produc | ing Forma | tion (s) | | | ······································ | | |
| RESULTS (| OF WORKOVER | • | · · · · · · · · · · · · · · · · · · · | , | BEFOR | r | A Eq | r E'D | |
| | | | | | DEF OR. | C. | AFI | ER | |
| Date of Tes | | | | _ | | _ | | | |
| | tion, bbls. per | | | - | | _ | | | |
| | ction, Mcf per d | - | | - | · | | | | |
| | luction, bbls. p | - | | _ | | _ | | | |
| | tio, cu. ft. per | | | _ | - | - | | | |
| | otential, Mcf pe | er day | | | | - | | | |
| Witnessed 1 | by | | - | | | | · · · · · · · · · · · · · · · · · · · | | |
| OIL CO | ONSERVATION | FRVATION COMMISSION I hereby certify that the information given above is true and complete to the best of | | | | | | | |
| | | _ | above is my know! | | d comp | lete to t | | | |
| Name | my on | huhr | Name | | R. L. | Elkins | | nal sigi L. L. Elki | |
| Title | | · - | Position | | | don Med | ~ | 1 Engi | neer |
| Date | | | Company | | | 011 Co | | | |