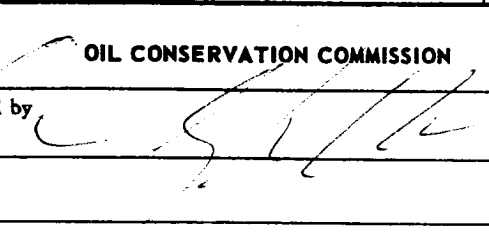
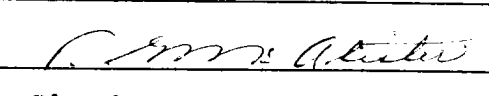


| NUMBER OF COPIES RECEIVED DISTRIBUTION | | | | NEW MEXICO OIL CONSERVATION COMMISSION | | | | FORM C-103 (Rev 3-55) | |
|---|--------------|--|---|---|---|---|--------------------|---------------------------------|--|
| MISCELLANEOUS REPORTS ON WELLS | | | | (Submit to appropriate District Office as per Commission Rule 1106) | | | | | |
| Name of Company Continental Oil Company | | | | Address Box 427 - Hobbs, New Mexico | | | | | |
| Lease State FF-32 | | Well No. 1 | Unit Letter M | Section 32 | Township 17 | | Range 36 | | |
| Date Work Performed 9-20-61 | | Pool Undesignated San Andres | | | | 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 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. | | | | | | | | | |
| <p> Spudded 12:30 P.M. 9-20-61. Drilled to 357'. Ran 11 joints 8-5/8" O.D. 24-lb. J-55 Casing. Casing set at 357 and cemented with 375 sacks reg. neat cement. Plug down at 8:05 P.M. 9-20-61. Cement circulated. WOC 24 hours. Tested 8-5/8" casing with 1000 lbs. for 30 min. Test successful. </p> | | | | | | | | | |
| Witnessed by V. W. Davidson | | | Position Drilling Foreman | | Company Continental Oil Company | | | | |
| 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  | | | | | |
| Title | | | | Position District Superintendent | | | | | |
| Date | | | | Company Continental Oil Company | | | | | |