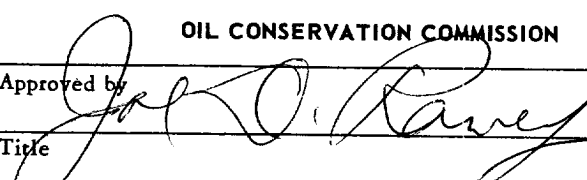


<div>NUMBER OF COPIES RECEIVED</div> <div>DISTRIBUTION</div> <table><tr><td>SANTA FE</td><td></td><td></td></tr><tr><td>FILE</td><td></td><td></td></tr><tr><td>U.S.G.S.</td><td></td><td></td></tr><tr><td>LAND OFFICE</td><td></td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td><td></td></tr><tr><td></td><td>GAS</td><td></td></tr><tr><td>PRORATION OFFICE</td><td></td><td></td></tr><tr><td>OPERATOR</td><td></td><td></td></tr></table>		SANTA FE			FILE			U.S.G.S.			LAND OFFICE			TRANSPORTER	OIL			GAS		PRORATION OFFICE			OPERATOR			<div>NEW MEXICO OIL CONSERVATION COMMISSION</div> <div>MISCELLANEOUS REPORTS ON WELLS</div> <div>(Submit to appropriate District Office as per Commission Rule 1106)</div>		<div>FORM C-103</div> <div>(Rev 3-55)</div>	
SANTA FE																													
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	GAS																												
PRORATION OFFICE																													
OPERATOR																													
Name of Company <b>Jack Mask &amp; Garel Westall</b>			Address <b>Drawer 1477, Roswell, New Mexico</b>																										
Lease <b>State</b>		Well No. <b>3</b>	Unit Letter <b>F</b>	Section <b>16</b>	Township <b>18 South</b>	Range <b>32 East</b>																							
Date Work Performed		Pool <b>Young</b>		County <b>Lea</b>																									
THIS IS A REPORT OF: (Check appropriate block)																													
<div><input type="checkbox"/> Beginning Drilling Operations</div> <div><input type="checkbox"/> Casing Test and Cement Job</div> <div><input type="checkbox"/> Plugging</div> <div><input type="checkbox"/> Remedial Work</div> <div><input checked="" type="checkbox"/> Other (Explain): <b>This well is capped &amp; temp. abandoned.</b></div>																													
Detailed account of work done, nature and quantity of materials used, and results obtained.  <b>We plan to re-enter this well at a later date</b>																													
Witnessed by		Position		Company																									
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 <b>Jack Mask</b>																									
Title				Position <b>CO-OWNER</b>																									
Date				Company <b>Mask &amp; Westall</b>																									