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3-1

1-File

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 Tidewater Oil Company | | | | Address Box 249, Hobbs, New Mexico | | | |
| Lease GO State "H" | Well No. 3 | Unit Letter M | Section 33 | Township 17 S | Range 35 E | | |
| Date Work Performed 6-26-64 | Pool Vacuum (Glorieta) | | | 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.

Spudded at 6 P.M. MST 6-22-64. Drilled 10" hole to 1588'. Set 7-5/8" 26.4# J-55 casing at 1583'. Cemented w/675 sacks reg. w/4% gel and 200 sacks reg. with 3% CaCl. Circulated an estimated 75 sacks cement. WOC 24 hours, tested 7-5/8" casing with 1400# for 30 minutes, no drop in pressure.

| | | |
|------------------------------------|----------------------------|---|
| Witnessed by W. W. Scott | Position Foreman | Company Tidewater Oil 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 | Original Signed By O. L. WADE |
| Title | | Position | Area Supt. |
| Date | | Company | Tidewater Oil Company |