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| DIS             | TRIBUTION  |  |
| SANTA FE        | T          |  |
| FILE            |            |  |
| U.S.G.3.        |            |  |
| LAND OFFICE     |            |  |
|                 | OIL        |  |
| TRANSPORTER     | GAS        |  |
| PRORATION OFFI  | CE         |  |
| CORRATOR        |            |  |

## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103 (Rev 3-55)

| TRANSPORTE  | OIL             |              |                       | MISCELLANEOUS REPORTS ON WELLS  |                 |                        |                  |                 |                  |                                       |                    |  |  |
|---|-----------------|--------------|-----------------------|---|-----------------|------------------------|------------------|-----------------|------------------|---------------------------------------|--------------------|--|--|
| PROBATION OFFICE  CERATOR  (Submit to appropriate District Office as per Commission Rule 1106)                            |                 |              |                       |   |                 |                        |                  |                 |                  |                                       |                    |  |  |
| Name of Cor   | npany           |              |                       |   |                 | Addres                 |                  |                 | 2 FM 3           | 47                                    |                    |  |  |
| Amerada Petroleum Corporation   |                 |              |                       |   |                 |                        | ). Box           | 668 - 1         | lobba No         | w Mox                                 | leo                |  |  |
| Lease   |                 |              |                       | Well No.  | Unit            | Letter                 | Section          | Township        |                  | Ran                                   | ge                 |  |  |
| Date Work P   | erformed        |              | Pool                  | 13  |                 | <u> </u>               | 23               | County 20       | )-8              |                                       | 36-E               |  |  |
|   |                 |              | Perman                | <b>.</b>  |                 |                        |                  | T               |                  |                                       |                    |  |  |
| THIS IS A REPORT OF: (Check appropriate block)  Beginning Drilling Operations Casing Test and Cement Job Other (Explain): |                 |              |                       |   |                 |                        |                  |                 |                  |                                       |                    |  |  |
|   |                 |              |                       |   |                 |                        | Other (Explain): |                 |                  |                                       |                    |  |  |
| Detailed account of work done, nature and quantity of materials   |                 |              |                       |   |                 |                        |                  | Temp.           | Abandons         | d                                     |                    |  |  |
| . <b>e1</b>   | ther plans      | at t         | morarily a            |   |                 |                        |                  |                 |                  |                                       |                    |  |  |
|   |                 |              |                       | Position  |                 |                        |                  | Company         |                  |                                       |                    |  |  |
|   | <del></del>     | <del></del>  | FILL IN BEI           |   |                 | VELL D                 |                  | PORTS O         | NLY              |                                       |                    |  |  |
| D F Elev.   | F Elev. T D     |              | <del> </del>          | PBTD  |                 |                        |                  | Producing       | g Interval       | Completion Date                       |                    |  |  |
| Tubing Diameter Tubi  |                 | lubing Depth | Depth                 |   | Oil String Diam |                        | er               | Oil S           | Oil String Depth |                                       |                    |  |  |
| Perforated In   | terval(s)       | <del></del>  |                       |   |                 |                        |                  |                 |                  |                                       |                    |  |  |
| Open Hole In  | erval           |              |                       |   | F               | Producing Formation(s) |                  |                 |                  |                                       |                    |  |  |
|   |                 |              |                       | RESUL   | TS OF           | WORK                   | OVER             |                 | <del></del>      |                                       |                    |  |  |
| Test  | Date of<br>Test |              | Oil Production<br>BPD | Gas I   | Product<br>CFPD | ion                    |                  | roduction<br>PD | GO<br>Cubic fee  |                                       | Gas Well Potential |  |  |
| Before<br>Workover  |                 |              |                       |   |                 |                        |                  | 7               |                  | <del></del>                           |                    |  |  |
| After<br>Workover   |                 |              |                       |   | · ·             |                        |                  |                 |                  | · · · · · · · · · · · · · · · · · · · |                    |  |  |
| OIL CONSERVATION COMMISSION   |                 |              |                       | I hereby certify that the information given above is true and complete to the best of my knowledge. |                 |                        |                  |                 |                  |                                       |                    |  |  |
| Approved by   | Approved by     |              |                       |   |                 | Name (1) (2)           |                  |                 |                  |                                       |                    |  |  |
| Title   |                 |              |                       | Position Position   |                 |                        |                  |                 |                  |                                       |                    |  |  |
| ate   |                 |              |                       |   | Company Company |                        |                  |                 |                  |                                       |                    |  |  |
| ·   |                 |              |                       | · · · · · · · · · · · · · · · · · · ·   |                 | Ame                    | cada P           | etroleu         | a Corpor         | ation                                 |                    |  |  |