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NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 11063)

| | | | | | | | |
|------------------------------------|----------------------|----------------------|-------------------|---------------------------------------|------------------|--|--|
| Name of Company W. K. Byrom | | | | Address Box 147 - Hobbs, N. M. | | | |
| Lease Williams B | Well No. 3 | Unit Letter I | Section 33 | Township 19S | Range 37E | | |
| Date Work Performed 12-4-63 | Pool Monument | | | 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.

12-4-63: we would like to have this well placed on allowable schedule as we have changed pumps and the well now makes about 5 bbls. of oil and 20 bbls. of water in 24 hrs. We had previously filed form C-102 to plug this well on 8-21-63.

| | | |
|--------------------------------------|-------------------------------|----------------------------|
| Witnessed by Leon C. Thompson | Position Prod. Foreman | Company W. K. Byrom |
|--------------------------------------|-------------------------------|----------------------------|

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 | |

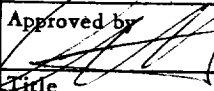
| | |
|------------------------|------------------------|
| Perforated Interval(s) | |
| Open Hole Interval | Producing Formation(s) |

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 R. R. Anderson |
| Title Office Mgr. | Position Office Mgr. |
| Date | Company W. K. Byrom Box 147 - Hobbs, N. M. |