

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

Amended*

(Submit to appropriate District Office as per Commission Rule 1106)

| | | | | | | |
|---|--------------------|---|-------------------|--------------------|-----------------|--|
| Name of Company SOUTHWEST PRODUCTION COMPANY | | Address s/o Oil Reports Box 763 Hobbs, N. M. | | | | |
| Lease Orcutt State | Well No. 1 | Unit Letter C | Section 11 | Township 20 | Range 37 | |
| Date Work Performed 7/4-5/59 | Pool Bumont | | | 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 well 7/4/59**Ran and set 32.75# csg (12-1/4" hole) 324', set at 327' w/225 sz, cement circulated****On test pressured up to 900# thirty minutes, tested OK*****Amended as to name of operator**

| | | |
|-------------------------------|---------------------------|------------------------------|
| Witnessed by Jim Clark | Position Drig Supt | Company Man Drlg. Co. |
|-------------------------------|---------------------------|------------------------------|

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

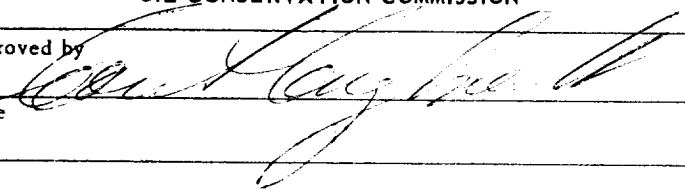
ORIGINAL WELL DATA

| | | | | |
|------------------------|--------------|------------------------|--------------------|-----------------|
| 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

Approved by 
Title
Date

I hereby certify that the information given above is true and complete to the best of my knowledge.

Name 
Position **Agent**
SOUTHWEST PRODUCTION COMPANY
Company