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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 1106)

| | | | | | | | |
|--|-----------------------------|-------------------------|----------------------|---|----------------------|--|--|
| Name of Company Socony Mobil Oil Company, Inc. | | | | Address Box 2406, Hobbs, New Mexico | | | |
| Lease E. O. Carson | Well No. 15 | Unit Letter C | Section 33 | Township 21 S | Range 37 E | | |
| Date Work Performed 4/29 thru 4/30/63 | Pool Hare Simpson | | | County Lea | | | |

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☐ Casing Test and Cement Job
 ☒ Other (Explain): **Temp. Abandoned**
- ☐ Plugging
 ☐ Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

Moved in & rigged up X-Port Well Service Unit. Installed BOP. Pulled 2" tbg. Ran HOWCo. DC retainer on tbg. to 7516'. HOWCo. squeezed McKee perfs. 7610-7640 w/100 sx Trinity Inferno neat cement. Max. Pr. 4500#. Rev. out 15 sx. Pulled tbg. Installed Xmas tree. Well temporarily abandoned 4/30/63.

| | | |
|--------------------------------------|-------------------------------------|--|
| Witnessed by Vern L. Floyd | Position Drilling Foreman | Company Socony Mobil Oil Company, Inc. |
|--------------------------------------|-------------------------------------|--|

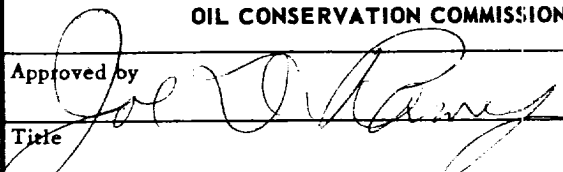
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

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 Joe V. Ramsey | Position Group Supervisor | |
| Title Group Supervisor | Company Socony Mobil Oil Company, Inc. | | |
| Date | | | |