

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 | Continental Oil Company | | | Address | | | 1001 JUL 3 AM 6 03 | | |
| Lease | State E-17 | Well No. | 6 | Unit Letter | M | Section | 17 | Township | Box 68, Dunice, New Mexico |
| Date Work Performed | | Pool | | County | 22-S | | | | 36-E |

THIS IS A REPORT OF: (Check appropriate block)

Lea

- | | | |
|--|---|---|
| <input type="checkbox"/> Beginning Drilling Operations | <input type="checkbox"/> Casing Test and Cement Job | <input type="checkbox"/> Other (Explain): |
| <input type="checkbox"/> Plugging | <input type="checkbox"/> Remedial Work | x |

Detailed account of work done, nature and quantity of materials used, and results obtained. 6-month report on well status.

Request has been made to plug and abandon this well. This work will be performed upon approval.

THE COMMISSION MUST BE NOTIFIED
EVERY 6 MONTHS ON FORM C-103
AS TO THE WELL STATUS AND FOR
FUTURE PLANS FOR THIS WELL.

| | | |
|--------------|----------|---------|
| Witnessed by | Position | 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 |
| 3598' KB | 3830' | | 3820-3830 | |
| Tubing Diameter | Tubing Depth | Oil String Diameter | Oil String Depth | |
| 2" | 3812' | 5 1/2" | 4-4-40 | |
| Perforated Interval(s) | | | | |
| | | | | |
| Open Hole Interval | | Producing Formation(s) | | |
| 3777-3830' | | | | |

RESULTS OF WORKOVER

Seven Rivers

| Test | Date of Test | Oil Production BPD | Gas Production MCFPD | Water Production BPD | GOR Cubic feet/Bbl | Gas Well Potential MCFPD |
|-----------------|--------------|--------------------|----------------------|----------------------|--------------------|--------------------------|
| Before Workover | TSD | | | | | |
| After Workover | TSD | | | | | |

OIL CONSERVATION COMMISSION

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

| | |
|--------------------|-------------------------|
| Approved by | Name |
| Leslie A. Clements | J. K. [Signature] |
| Title | Position |
| | District Superintendent |
| Date | Company |
| | Continental Oil Company |