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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 Wilson Oil Company | | | | Address Box 457, Artesia, New Mexico | | | |
| Lease Wilson State | Well No. 31 | Unit Letter J | Section 24 | Township 21 | Range 34 | | |
| Date Work Performed | Pool Wilson | | | County Lea | | | |

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☐ Casing Test and Cement Job
 ☒ Other (Explain): **Shut in gas well**
- ☐ Plugging
 ☐ Remedial Work

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

Status of the subject well is shut in gas well, since there is no market available in this area.

| | | |
|-------------------------------------|-------------------------------------|--------------------------------------|
| Witnessed by Joe B. Allen | Position Production Supt. | Company Wilson Oil 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 |
| 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

Title

Position

Date

Company

N. F. Lamb
Vice President

Wilson Oil Company