

| | |
|---------------------------|---------|
| NUMBER OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| PRODUCTION OFFICE | |
| OPERATOR | |

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103

(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 4103)

HOBBS OFFICE O.C.C.

MAY 12 3 59 PM '64

| | | | | | | | |
|--|-------------------------------|-------------------------|----------------------|--|----------------------|--|--|
| Name of Company Gulf Oil Corporation | | | | Address Box 670, Hobbs, New Mexico | | | |
| Lease H. T. Mattern (NCT-C) | Well No. 4 | Unit Letter J | Section 18 | Township 23-S | Range 37-E | | |
| Date Work Performed | Pool Penrose Skelly | | | County Lea | | | |

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☐ Casing Test and Cement Job
 ☒ Other (Explain): **T/A Report**
- ☐ Plugging
 ☐ Remedial Work

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

Well still carried as temporarily abandoned. No plans have been made at this time for further work on this well.

| | | |
|--------------|----------|---------|
| Witnessed by | Position | Company |
|--------------|----------|---------|

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

| | | | | |
|-----------------|--------------|---------------------|--------------------|-----------------|
| Oil 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

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

| | |
|-------------|--|
| Approved by | Name |
| Title | ORIGINAL SIGNED BY C. D. BORLAND |
| Date | Position Area Production Manager |
| | Company Gulf Oil Corporation |