

3 - OCC
1 - File

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)

HOBBS OFFICE OCC

| | | | | | | | |
|---|--|-------------------------------|-------------------------|---|------------------------|---------------------|--|
| Name of Company Tidewater Oil Company | | | | Address Box 547 1960 JAN 23 AM 9:59 Hobbs, New Mexico | | | |
| Lease B. F. King | | Well No. 5 | Unit Letter N | Section 1 | Township 23S | Range 36E | |
| Date Work Performed 1-14-60 | | Pool Langlie Mattix | | | 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.

Set 8-5/8" 22.7# Armo National Spiral Weld casing at 373' w/
300 sks. Reg. cement w/ 1/4# floccs/sk. Cement circulated.
WOC 36 hrs. Tested casing w/ 600# for 30 mins., held okay.

| | | |
|-------------------------------------|----------------------------------|---|
| Witnessed by <i>H. B. Mackey</i> | Position Field Foreman | Company Tidewater 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 <i>[Signature]</i> | Name <i>H. P. Schumacher</i> | | |
| Title <i>[Signature]</i> | Position Area Supt. | | |
| Date | Company Tidewater Oil Company | | |