

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 TEXACO Inc. | | Address P.O. Box 728, Hobbs, New Mexico | | | | |
| Lease Ohio State | Well No. 1 | Unit Letter H | Section 2 | Township 24-S | Range 32-E | |
| Date Work Performed July 2, 1961 | Pool Wildcat | | | 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.

TD-5061'
8 5/8 casing set at 315'

Ran 5051' of 4½" OD casing, 9.50 lb, J-55, 8-R, and cemented at 5061' with 200 sx incor. Plug at 5031'. Cement did not circulate. Job complete 4:30 P.M. July 1, 1961.

Tested 4½" OD casing for 30 minutes with 1500 PSI from 5:00 to 5:30 P.M. July 2, 1961. Tested O.K. Drilled cement plug and re-tested for 30 minutes with 1500 PSI from 7:30 to 8:00 P.M. July 2, 1961. Tested O.K. Job complete 8:00 P.M. July 2, 1961.

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

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

| | | | | |
|------------------------|--------------|------------------------|--------------------|-----------------|
| D F Elev. | TD | PBTD | 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 | H. N. Wade |
| Title | | Position | Assistant District Superintendent |
| Date | | Company | TEXACO Inc. |