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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 <b>Coastal States Gas Producing Company</b>				Address <b>P. O. Box 385, Abilene, Texas</b>			
Lease <b>Pure State</b>	Well No. <b>1</b>	Unit Letter <b>N</b>	Section <b>11</b>	Township <b>9-S</b>	Range <b>33-E</b>		
Date Work Performed <b>2-7-63</b>	Pool <b>Undesignated</b>			County <b>Lea</b>			

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.

**SPUD DATE: 1-23-63 @ 4:00 p.m.**

**INTERMEDIATE CASING:** Ran 152 jts 8-5/8", 32#, J-55 Csg (4715') set @ 4725'. Cemented with 210 sks neat cement. Plug-down @ 1:40 a.m. 2-7-63. WOC - 24 hrs. Cemented by Dowell. Tested casing to 2000# - O. K.

Witnessed by <b>Gene Milford</b>	Position <b>Engineer</b>	Company <b>Coastal States Gas Producing Co.</b>
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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

**Coastal States Gas Producing Company**