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# **NEW MEXICO OIL CONSERVATION COMMISSION** **MISCELLANEOUS REPORTS ON WELLS**

(Submit to appropriate District Office as per Commission Rule 1106)

HOBBS OFFICE  
 FORM C-103  
 (Rev. 3-55)  
 JUN 5 3 41 P

Name of Company <b>Coastal States Gas Producing Company</b>				Address <b>P. O. Box 385, Abilene, Texas</b>			
Lease <b>Skelly State</b>		Well No. <b>3</b>	Unit Letter <b>H</b>	Section <b>20</b>	Township <b>9-S</b>	Range <b>33-E</b>	
Date Work Performed <b>See Below</b>		Pool <b>Undesignated</b>			County <b>Lea</b>		

**THIS IS A REPORT OF: (Check appropriate block)**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Beginning Drilling Operations | <input checked="" type="checkbox"/> Casing Test and Cement Job | <input type="checkbox"/> Other (Explain): |
| <input type="checkbox"/> Plugging                                 | <input type="checkbox"/> Remedial Work                         |   |

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

**SPUD DATE:** 2:30 p.m. 5-29-64. Drilled 12- $\frac{1}{4}$ " hole to 262'. Ran 8 jts of 8-5/8", 24#, J-55 Casing (251') set at 260'. Cemented with 200 sks Class "A" 2% CaCl cement. Cement circulated. P-D @ 8:45 p.m. WOC - 12 hours. Tested casing to 1000# - held O. K.

**CASING WAS CEMENTED WITH OPTION NO. 2 AS FOLLOWS:**

1. Volume of cement slurry - 240 cubic feet.
2. Dowell Class "A" Cement with 2% CaCl.
3. Approximate temperature of slurry - 85°.
4. Estimated minimum formation temperature - 80°.
5. Estimate of cement strength at time of testing - 1020# per sq inch.
6. Actual time cement in place, prior to starting cement test - 12 hours.

Witnessed by <b>Dale Proctor</b>	Position <b>Tool Pusher</b>	Company <b>Cactus Drilling Company</b>
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**FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY**

**ORIGINAL WELL DATA**

D F 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						

<b>OIL CONSERVATION COMMISSION</b>		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by		Name	<i>Joe R. Howard</i>
Title		Position	<b>Production Superintendent</b>
Date		Company	<b>Coastal States Gas Producing Company</b>