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# NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103

(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

HOBBS OFFICE O.C.C.

(Submit to appropriate District Office as per Commission Rule 18108 49 AM '64

|  |  |                             |                         |   |                        |                      |  |
|--|--|-----------------------------|-------------------------|---|------------------------|----------------------|--|
| Name of Company<br><b>Coastal States Gas Producing Company</b> |  |                             |                         | Address<br><b>P. O. Box 385, Abilene, Texas</b> |                        |                      |  |
| Lease<br><b>Southern Minerals State</b>                        |  | Well No.<br><b>1-21</b>     | Unit Letter<br><b>J</b> | Section<br><b>21</b>                            | Township<br><b>9-S</b> | Range<br><b>33-E</b> |  |
| Date Work Performed<br><b>See Below</b>                        |  | Pool<br><b>Undesignated</b> |                         |   | County<br><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: 5-12-64, 1:00 p.m. Drld 12- $\frac{1}{4}$ " hole to 378 in redbed. Ran 12 jts 8-5/8" casing (367') set @ 376' Cemented with 225 sks Class "A" Cement with 2% CaCl. Cement circulated. P-D @ 7:00 p.m. WOC - 12 hours. Cemented by Dowell.

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

1. Volume of cement slurry - 270 cubic feet.
2. Dowell Class "A" Cement with 2% CaCl.
3. Approximate temperature of slurry - 80°.
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<br><b>Slim Taylor</b> | Position<br><b>Tool Pusher</b> | Company<br><b>Wes-Tex Drilling Company</b> |
|------------------------------------|--------------------------------|--|

### FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

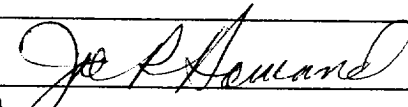
#### ORIGINAL WELL DATA

|                 |              |                     |                    |                 |
|-----------------|--------------|---------------------|--------------------|-----------------|
| 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  |              |                    |                      |                      |                    |                          |

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