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# NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office at 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>W. A. State</b>	Well No. <b>1</b>	Unit Letter <b>F</b>	Section <b>32</b>	Township <b>9-S</b>	Range <b>33-E</b>		
Date Work Performed <b>See Below</b>	Pool <b>Undesignated</b>			County <b>Lee</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: June 12, 1964.**

- June 25:** Perforated two shots at 4428'. Acidized with 250 gals 15% acid. Squeezed with 100 sks Incoor with .6% of 1% Haled 9 & 2% CaCl.  
**June 26:** Squeezed with 500 sks Incoor with .6% of 1% Haled 9 & 2% CaCl. Final pressure - 5000#.  
**June 27:** Perforated two shots @ 4396'. Acidized with 250 gals 15% acid. Squeezed with 100 sks .6% Haled 9 with 2% CaCl.  
**June 28:** Resqueezed with 100 sks Incoor w/ .6% Haled 9 & 2% CaCl.  
**June 29:** Resqueezed with 100 sks Incoor w/ .6% Haled 9 & 2% CaCl.  
**June 30:** WOC - 23-4 hours. Drilled out cement and cleaned out to 4422'. Tested casing to 3200# for 30 minutes - held O. K.  
**July 1:** Perforated well at 4402 - 12' with two shots/ft. Acidized w/ 1000

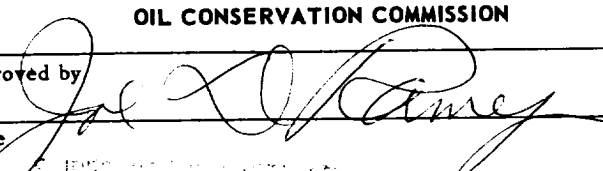
Witnessed by **Ed Lane** Position **Production Foreman** Company **Coastal States Gas Producing Company**

### 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		Name	<b>Joe R. Howard</b>
Title		Position	<b>Production Superintendent</b>
Date		Company	<b>Coastal States Gas Producing Company</b>