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

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

HOODS FORM C-103  
 (Rev. 3-55)  
 SEP 19 3 25 PM '64  
 (Rev. 9. 10. 64)

Name of Company <b>Coastal States Gas Producing Company</b>				Address <b>P. O. Box 385, Abilene, Texas</b>			
Lease <b>Southern Minerals State</b>	Well No. <b>3-21</b>	Unit Letter <b>H</b>	Section <b>21</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 type="checkbox"/> Beginning Drilling Operations	<input type="checkbox"/> Casing Test and Cement Job	<input type="checkbox"/> Other (Explain):
<input checked="" type="checkbox"/> Plugging	<input type="checkbox"/> Remedial Work	

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

**SPUD DATE: 8-5-64**

**8-20-64 through 8-24-64: Fishing and recovering drill collars stuck in redbeds @ 1350'.**

**8-24-64 through 8-26-64: Circulating and conditioning mud. Attempting to clean out hole through redbed section. Could not get below 1294' without redbeds falling in and sticking drill pipe.**

**8-26-64: Plugged well as follows: Cement plugs - 50 sks (1260-1020'), 40 sks (375-234'), 10 sks (30' - Surface). Rest of hole filled w/ 10.4#/gal drilling mud. Verbal approval obtained by phone from Joe Ramey on 8-26-64.**

Witnessed by <b>Jack R. McGraw</b>	Position <b>Division Engineer</b>	Company <b>COASTAL STATES GAS PRODUCING COMPANY</b>
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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						

<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 <i>Leslie A. Clement</i>	Name <i>Joe R. Howard</i>		
Title	Position <b>Production Superintendent</b>		
Date	Company <b>Coastal States Gas Producing Company</b>		