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| LAND OFFICE | |
| TRANSPORTATION | |
| PRODUCTION OFFICE | |
| OPERATOR | |

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office per Commission Rule 1106)

| | | | | | |
|---|----------------------|--|---------------|-----------------|---------------|
| Name of Company Coastal States Gas Producing Company | | Address P. O. Box 363, Abilene, Texas | | | |
| Lease Shell State | Well No. 1 | Unit Letter P | Section 9 | Township 9-S | Range 33-E |
| Date Work Performed 2-24-64 | Pool Undesignated | | County Lea | | |

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☐ Casing Test and Cement Job
 ☐ Other (Explain):
☐ Plugging
 ☒ Remedial Work (Plug Back)

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

Set permanent bridge plug @ 8500'. Dumped 2 sks cement on plug. Cut 5- $\frac{1}{4}$ " casing @ 5500' and pulled. Spotted 35 sks $\frac{1}{2}$ in and $\frac{1}{2}$ out of casing stub. Spotted 50 sk plug @ 5072'. Spotted 50 sk cmt plug @ 4856' to 4700' (below San Andres).

| | | |
|------------------------------|----------------------|---|
| Witnessed by Gene Milford | Position Engineer | Company Coastal States Gas Producing Co. |
|------------------------------|----------------------|---|

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

| | | | | |
|------------------------|--------------|------------------------|--------------------|-----------------|
| D F Elev. | T D | PHTD | 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 <i>[Signature]</i> | Name Gene Milford |
| Title Engineer District 1 | Position Production Engineer |
| Date MAR 10 1964 | Company Coastal States Gas Producing Company |