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NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 7104 '64)

Name of Company Coastal States Gas Producing Company				Address P. O. Box 385, Abilene, Texas			
Lease	Fee	Well No. 1	Unit Letter D	Section 28	Township 9-S	Range 33-E	
Date Work Performed See Below		Pool Undesignated			County Lea		

THIS IS A REPORT OF: (Check appropriate block)

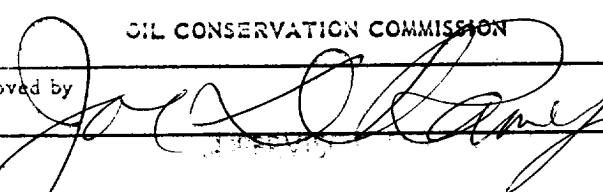

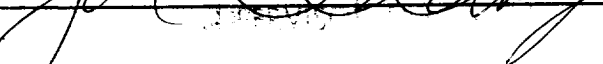
<input checked="" type="checkbox"/> Beginning Drilling Operations	<input checked="" type="checkbox"/> Casing Test and Cement Job	<input type="checkbox"/> Other (Explain):
<input type="checkbox"/> Plugging	<input type="checkbox"/> Remedial Work	

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

SPUD DATE: 5:00 p.m. 8-5-64. Drilled 12- $\frac{1}{4}$ " hole to 262'.
Ran 8 jts 8-5/8" casing (251') set at 263'. Cemented w/ 200 sks
Class "A" Cement w/ 2% CaCl. Cement circulated. P-D @ 5:30 p.m.
Tested casing to 1000# - held O. K. WOC - 12 hours.

CASING CEMENTED WITH OPTION NO. 2 AS FOLLOWS:

1. Volume of cement slurry - 210 cubic feet.
2. Dowell Class "A" Cement w/ 2% CaCl.
3. Approximate temperature of slurry - 90°.
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 Richard McCutchen		Position Tool Pusher		Company Verna Drilling Company			
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY							
ORIGINAL WELL DATA							
DF 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							
OIL CONSERVATION COMMISSION				I hereby certify that the information given above is true and complete to the best of my knowledge.			
Approved by 				Name 			
Title 				Position Production Superintendent			
Date				Company Coastal States Gas Producing Company			