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NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

Form C-105
Revised 1-1-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.

1a. TYPE OF WELL	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>	
b. TYPE OF COMPLETION	
NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator	
Coastal States Gas Producing Company	
3. Address of Operator	
P. O. Box 235, Midland, Texas 79701	
4. Location of Well	
UNIT LETTER <u>B</u> LOCATED <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980'</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>4</u> TWP. <u>10-S</u> RGE. <u>37-E</u> NMPM	

7. Unit Agreement Name
- - -
8. Farm or Lease Name
Sawyer State
9. Well No.
1
10. Field and Pool, or Wildcat
Undes. West Sawyer
12. County
Lea

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Casinghead
6-2-69	6-13-69	6-17-69	3966.7' GR	3966.7'
20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools
5057'	- - -	- - -	- - -	X
24. Producing Interval(s), of this completion - Top, Bottom, Name				25. Was Directional Survey Made
4958-76'				Yes
26. Type Electric and Other Logs Run				27. Was Well Cored
GR - Neutron				Yes

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24	4110'	11	250 sx Class "H"	- - -
4-1/2"	9.5	5057'	7-7/8	250 sx Incor "C"	- - -

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
- - -	- - -	- - -	- - -	- - -	2-3/8	4980'	Tbg. Anchor
- - -	- - -	- - -	- - -	- - -			

31. Perforation Record (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	4958-76'	500 gal 28% - 2500 of 15% & 3000 gal of 3%

33. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
6-17-69		Rod pump (2 x 1-25/32 x 16')				Prod.	
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
6-19-69	24	- - -	- - -	220	TSTM	74	N11
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
- - -	- - -	- - -	220	TSTM	74	22.4	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)	Test Witnessed By
fuel and vented	L. Merworth

35. List of Attachments
C-104, C-123, Radioactivity log and Deviation Survey

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.		
SIGNED	TITLE	DATE
James B. Shepherd	Operations Supervisor	6-26-69

LTR

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy 2235	T. Canyon	T. Ojo Alamo	T. Penn. "B"
T. Salt	T. Strawn	T. Kirtland-Fruitland	T. Penn. "C"
B. Salt	T. Atoka	T. Pictured Cliffs	T. Penn. "D"
T. Yates 2843	T. Miss	T. Cliff House	T. Leadville
T. 7 Rivers	T. Devonian	T. Menefee	T. Madison
T. Queen	T. Silurian	T. Point Lookout	T. Elbert
T. Grayburg	T. Montoya	T. Mancos	T. McCracken
T. San Andres 4206	T. Simpson	T. Gallup	T. Ignacio Qtzite
T. Glorieta	T. McKee	Base Greenhorn	T. Granite
T. Paddock	T. Ellenburger	T. Dakota	T.
T. Blinebry	T. Gr. Wash	T. Morrison	T.
T. Tubb	T. Granite	T. Todilto	T.
T. Drinkard	T. Delaware Sand	T. Entrada	T.
T. Abo	T. Bone Springs	T. Wingate	T.
T. Wolfcamp	T. Elmer 4766	T. Chinle	T.
T. Penn.	T. Blagata 4359	T. Permian	T.
T. Cisco (Bough C)	T. B. 5057	T. Penn. "A"	T.

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	2235	2235	Caliche, sand and red beds				
2235	2943	710	Anhydrite and salt				
2943	4206	1261	Sand anhydrite and red beds				
4206	TD	51	Dolomite and anhydrite				

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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE. C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Coastal States Gas Producing Company
Address
P. O. Box 235, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner **NA**

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Sawyer State** Well No. **1** Pool Name, including Formation **West Sawyer-San Andres R-3818** Kind of Lease **State, Federal or Fee State** Lease No.
Location
Unit Letter **B** ; **660** Feet From The **North** Line and **1980** Feet From The **East**
Line of Section **4** Township **10-S** Range **37-E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
- - - Address (Give address to which approved copy of this form is to be sent)
- - -
If well produces oil or liquids, give location of tanks. Unit **B** Sec. **4** Twp. **10-S** Rge. **37-E** Is gas actually connected? **No** When **- - -**

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-2-69	Date Compl. Ready to Prod. 6-17-69	Total Depth 5057'	P.B.T.D. - - -					
Elevations (DF, RKB, RT, GR, etc.) 3966.7' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4958'	Tubing Depth 4980'					
Perforations 4958-76'			Depth Casing Shoe 5057'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	8-5/8	4110	350 sx Class "H"
7-7/8	4-1/2	5057	250 sx Incor "C"

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-17-69	Date of Test 6-19-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure - - -	Casing Pressure - - -	Choke Size - - -
Actual Prod. During Test 294	Oil-Bbls. 220	Water-Bbls. 74	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D - - -	Length of Test - - -	Bbls. Condensate/MMCF - - -	Gravity of Condensate - - -
Testing Method (pitot, back pr.) - - -	Tubing Pressure (shut-in) - - -	Casing Pressure (shut-in) - - -	Choke Size - - -

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

James B. Shepherd
(Signature)
Operations Supervisor
(Title)
June 26, 1969
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY **James B. Shepherd**
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.