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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 1106)

|  |                        |   |                      |
|--|------------------------|---|----------------------|
| Name of Company<br><b>Coastal States Gas Producing Company</b> |                        | Address<br><b>P. O. Box 383, Abilene, Texas</b> |                      |
| Lease<br><b>Atlantic State</b>                                 | Well No.<br><b>1</b>   | Unit Letter<br><b>P</b>                         | Section<br><b>16</b> |
| Township<br><b>8-S</b>   |                        | Range<br><b>36-E</b>                            |                      |
| Date Work Performed<br><b>3-5-62</b>                           | Pool<br><b>Wildcat</b> | County<br><b>Roosevelt</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: 4:00 p.m., 3-5-62**

**CASING REPORT:** Ran 11 jts (347') 13-3/8", 400, J-55 Csg set @ 350'. Cemented with 300 sts reg neat with 2% NA-5. Cement circulated. W.O.C. -24 hours. Plug-down @ 3:45 a.m., 3-5-62. Cemented by Halliburton. Tested csg. to 800# - O.K.

|                                    |                                |  |
|------------------------------------|--------------------------------|--|
| Witnessed by<br><b>Earl Cowley</b> | Position<br><b>Tool Pusher</b> | Company<br><b>Sharp Drilling Company</b> |
|------------------------------------|--------------------------------|--|

### 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  | <i>Lester M. Chung</i>                      |
| Title                       |  | Position  | <b>District Land Manager</b>                |
| Date                        |  | Company   | <b>Coastal States Gas Producing Company</b> |