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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 Coastal States Gas Producing Co. | | | | Address P. O. Box 385, Abilene, Texas | | |
| Lease Wilson State | Well No. 1 | Unit Letter B | Section 8 | Township 13-S | Range 32-E | |
| Date Work Performed 11/24/61 | Pool CAPROCK QUEEN | | | County LEA | | |

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: 11/24/61

SURFACE CASING: Ran 8 jts of 8-5/8", 24#, J-55 Casing set @ 257' with 150 sks of common cement with 2% HA-5. Plug down at 6:30 p.m. 11/24/61. CIRCULATED CEMENT. W.O.C. - 24 hours. Tested casing to 800# - O.K. Cemented by Halliburton.

| | | |
|--|--------------------------------|---------------------------------------|
| Witnessed by M. C. Southerland | Position Tool Pusher | Company Gackle Drilling Co. |
|--|--------------------------------|---------------------------------------|

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 | | | | | | |

I hereby certify that the information given above is true and complete to the best of my knowledge.

| | | | |
|-----------------------------------|--|--|--|
| OIL CONSERVATION COMMISSION | | Name Luther T. McClung | |
| Approved by <i>[Signature]</i> | | Position Landman | |
| Title <i>[Signature]</i> | | Company Coastal States Gas Producing Co. | |
| Date | | | |