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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-10980*

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name -----
2. Name of Operator Coastal States Gas Producing Company	8. Farm or Lease Name State "32" Com.
3. Address of Operator P. O. Box 235, Midland, Texas 79701	9. Well No. 2
4. Location of Well UNIT LETTER C 660 FEET FROM THE N LINE AND 1980 FEET FROM THE W LINE, SECTION 32 TOWNSHIP 13 S RANGE 33 E NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

SPUD DATE: 10-21-68

10-21-68: Ran 13 joints of 13-3/8" casing to 395'. Cemented with 400 sacks Class "H" with 2% CaCl. Cement did not circulate. Re-cemented with 50 sacks Class "H" 2% CaCl. Cement circulated. PD at 5:30 A.M. Tested casing with 1000# - held okay. WOC 18.5 hours.

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

SIGNED [Signature] TITLE Division Prod. Supt. DATE 10-28-68

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 2 DATE _____

CONDITIONS OF APPROVAL, IF ANY: