DISTRIBUTION SANTA FE		Form C-103
SANTA FE	4	Supersedes Old C-102 and C-103
EU E	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE	_	
U.S.G.S.	-	State X Fee
OPERATOR	-	State Oil & Gas Lease No.
OF ERATOR		K-6507
SUND (DO NOT USE THIS FORM FOR PUSE "APPLIC	RY NOTICES AND REPORTS ON WELLS ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	
1.	THE STATE OF THE STATE PROPOSALS.	7. Unit Agreement Name
OIL X GAS WELL  2. Name of Operator	OTHER-	* • •
Coastal States Gas Producing Company		8. Farm or Lease Name State "35"
3. Address of Operator		9. Well No.
P. O. Box 235, Midlan	nd, Texas 79701	1
4. Location of Well	1980 porth 510	10. Field and Pool, or Wildcat
UNIT LETTER	1980 FEET FROM THE NOT THE LINE AND 510 FEET F	Undes. Baum (Up. Penn)
THE LINE, SEC	TION TOWNSHIP RANGE 32EN	MPM. (())
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	4301.7' GR	Lea
Check	Appropriate Box To Indicate Nature of Notice, Report or	Other Data
NOTICE OF	INTENTION TO	ENT REPORT OF:
TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
PULL OR ALTER CASING	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
FOLL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
OTHER	OTHER	
<ol> <li>Describe Proposed or Completed ( work) SEE RULE 1103.</li> </ol>	Operations (Clearly state all pertinent details, and give pertinent dates, includ	ding estimated date of starting any proposed
·		
<b>SPUD DATE:</b> 9-2-70		
9-3-70 Pan 10 4ta 1	2 2/011 (40#) 2 2001	
Tested w/600	3-3/8" (48#) csg set @ 382'. Cemented w/350 s	xs Class "H" w/2% CaCl3.
reaced w/ 600	#. Held okay. PD @ 8:15 p.m. 9-2-70. WOC 18	hours. Che
Tested w/120	8-5/8" csg set @ 4035". Cemented w/300 sxs Cla 0#. Held okay. PD @ 4:15 p.m. 9-8-70. WOC 19	ass "C" w/2% gel.
168 ted W/ 120	or. neid okay. PD @ 4:15 p.m. 9-8-70. Woc 10	Q house
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	n above is true and complete to the best of my knowledge and belief.	
8. I hereby certify that the informatio		DATE September 9, 1970
8. I hereby certify that the informatio	n above is true and complete to the best of my knowledge and belief.	
8. I hereby certify that the informatio	nabove is true and complete to the best of my knowledge and belief.  Operations Supervisor	DATE September 9, 1970
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8. I hereby certify that the information	nabove is true and complete to the best of my knowledge and belief.  TITLE Operations Supervisor	DATE September 9, 1970
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