Submit 3 Copies to Appropriate District Office

Energy, Minerals and Natural Resources Department

Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-20631

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
05812

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.)

7. Lease Name or Unit Agreement Name
Flying "M" (SA) Unit
Tract 15

1. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER WIW

8. Well No.
2

2. Name of Operator
Coastal Oil & Gas Corporation

9. Pool name or Wildcat
Flying "M" (SA)

3. Address of Operator
P. O. Box 235, Midland, Texas 79702

4. Well Location
Unit Letter N : 659.6 Feet From The South Line and 1985.4 Feet From The West Line

Section 21 Township 9-S Range 33-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4352.4 Gr

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[X]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

12. 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.

6-26-91 POOH with tbg. PU 3-7/8 bit and workstring and GIH. Tag fill at 4469'. Cleaned out fill to 4537'. Circ hole clean and POOH.

6-27-91 GIH with AD-1 packer and workstring. Set pkr 4365', acidized perfs with 1000 gal 15% NEFE. POOH with workstring. GIH with injection tbg and packer. Circ packer fluid, set packer at 4423'. Press annulus to 500#, leaked off 90# in 15 min. Put well on injection. Plan to run injection profile on this well on 7-18-91, then evaluate. Will retest casing after running injection profiles.

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

SIGNATURE Bobby L Smith TITLE Area Superintendent DATE 7-15-91

TYPE OR PRINT NAME Bobby L. Smith TELEPHONE NO. 915 682-7925

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL 18 1991

CONDITIONS OF APPROVAL, IF ANY: