

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COPY TO O.C.C.  
SUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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" for such proposals.)

|                                                                                                                                                                                                                                                     |  |                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                                                                    |  | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>NM-058102</b>                   |  |
| 2. NAME OF OPERATOR<br><b>Coastal States Gas Producing Company</b>                                                                                                                                                                                  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>-----                             |  |
| 3. ADDRESS OF OPERATOR<br><b>P. O. Box 385, Abilene, Texas</b>                                                                                                                                                                                      |  | 7. UNIT AGREEMENT NAME<br>-----                                           |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><b>660' from North line &amp; 1993' from East line, Sec 29,<br/>T-9S, R-33E, Lea County, New Mexico.</b> |  | 8. FARM OR LEASE NAME<br><b>Consales-Federal</b>                          |  |
| 14. PERMIT NO.                                                                                                                                                                                                                                      |  | 9. WELL NO.<br><b>1-29</b>                                                |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>4334' GR</b>                                                                                                                                                                                   |  | 10. FIELD AND POOL, OR WILDCAT<br><b>Flying "M" (San Andres)</b>          |  |
|                                                                                                                                                                                                                                                     |  | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA<br><b>29, 9S, 33E</b> |  |
|                                                                                                                                                                                                                                                     |  | 12. COUNTY OR PARISH<br><b>Lea</b>                                        |  |
|                                                                                                                                                                                                                                                     |  | 13. STATE<br><b>New Mexico</b>                                            |  |

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(Other)

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

**Production Casing Report x**

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

**SPUD DATE: 7-17-64**

**July 24, 1964: Ran 136 jts of 4-1/2", 9.5#, J-55 Casing (4458') set at 4468'. Cemented with 10 bbls Chemical Wash #7, 200 sks Class "C" 50:50 Litepoz, 0.3% TIC, 2% salt, plus 100 sks Class "C" Cmt w/ 2% salt. P-D at 3:10 a.m. Cement circulated. Tested casing to 1000# - held O. K. WOC- 24 hours.**

18. I hereby certify that the foregoing is true and correct

SIGNED

*Joe R. Gordon*

TITLE

**Production Supt.**

DATE

**7-27-64**

(This space for Federal or State office use)

APPROVED BY

TITLE

*Approved*  
**JUL 30 1964**

DATE

CONDITIONS OF APPROVAL, IF ANY:

GORDON

\*See Instructions on Reverse Side

## Instructions

**General:** This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17:** Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.