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S.G.S.		
FIELD OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-101
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
NM 058102

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.

OIL WELL GAS WELL OTHER- Water Injection Well

7. Unit Agreement Name
Flying "M" SA Unit

Name of Operator
Coastal Oil & Gas Corporation

9. Farm or Lease Name
Sinclair State Jz. 14

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

8. Well No.
Tract 14 #1

Location of Well
UNIT LETTER P 660 FEET FROM THE South LINE AND 663 FEET FROM
THE East LINE, SECTION 20 TOWNSHIP 9-S RANGE 33-E N.M.P.M.

10. Field and Pool, or Wellcut
Flying "M" Field

15. Elevation (Show whether DF, RT, GR, etc.)
4336' GL

12. County
Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER

PLUG AND ABANDON
CHANGE PLANS
OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER

ALTERING CASING
PLUG AND ABANDONMENT
OTHER

7. 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.

1. Set cement retainer at ±4300'.
2. Squeeze perfs 4395-4456' with Flocheck and 200 sacks cement.
3. Clean out, reperforate interval 4395-4456' by NLM.
4. Acidize zone, return to injection service.
5. Rerun injection survey after 30 days of inspection.

Estimated start date - September 20, 1984.

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

SIGNED H. E. Calube TITLE District Production Manager DATE September 12, 1984

ORIGINAL SIGNED BY H. E. Calube
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 18 1984

CONDITIONS OF APPROVAL, IF ANY: