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

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

WELL API NO. **30-025-20839**

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

6. State Oil & Gas Lease No.
NM 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 3

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

8. Well No.
1

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__ : __660'__ Feet From The __South__ Line and __1980'__ Feet From The __West__ Line

Section __17__   Township __9-S__   Range __33-E__   NMPM

Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4376 Gr

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

11.

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [X]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER: _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

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.

1. MIRU Pulling Unit.

2. GIH with bit and scraper to 4370' (perfs 4380-4444).

3. Circ. hole clean, POOH with bit.

4. GIH and set CIBP at 4320'.

5. Pressure test csg to 500# (record with chart).

6. LD tbg and RDMO unit.

7. Send chart to OCD.

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 __6-6-91__

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 _____

JUN 12 1991

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

THE COMMISSION MUST BE NOTIFIED
24 HOURS PRIOR TO COMMENCEMENT