

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. 30-025-8712300
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM 058102
7. Lease Name or Unit Agreement Name Flying "M" (SA) Unit Tract 25
8. Well No. 2
9. Pool name or Wildcat Flying "M" (SA)

**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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW
2. Name of Operator Coastal Oil & Gas Corporation
3. Address of Operator P. O. Box 235 Midland, Texas 79702

4. Well Location Unit Letter <u>F</u> : <u>1840</u> Feet From The <u>West</u> Line and <u>1840</u> Feet From The <u>North</u> Line Section <u>28</u> Township <u>9-S</u> Range <u>33-E</u> NMPM Lea County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4340' Gr
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Repair tubing leak <input checked="" type="checkbox"/>	

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.

8-9-95 MIRU Pulling Unit. PU on tbg, parted in first joint. GIH with overshot, caught tbg, POOH. LD 9 bad joints of tbg. SDFN.

8-10-95 Tested tbg GIH to 5000#. Circ pkr fluid. Set AD-1 pkr @ 4368'. Ran 30 min csg test with chart recorder. Put well on injection.

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 8-31-95

TYPE OR PRINT NAME Bobby L. Smith

TELEPHONE NO. (915) 682-7925

(This space for State Use)

ORIGINAL FILED

SEP 7 1995

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

