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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No. -----	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name -----
2. Name of Operator Coastal States Gas Producing Company		8. Farm or Lease Name Fee
3. Address of Operator P. O. Box 2498, Abilene, Texas		9. Well No. 3
4. Location of Well UNIT LETTER L 1980 FEET FROM THE South 661 FEET FROM West 28 TOWNSHIP 9-S RANGE 33-E NMPM.		10. Field and Pool, or Wildcat Flying "M" (San And)
15. Elevation (Show whether DF, RT, GR, etc.) 4326' GR		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

SPUD DATE: June 1, 1965

6-12-65: Ran 112 jts 4- $\frac{1}{2}$ ", 9.5#, J-55 Casing (4559') set at 4529'. Cemented with 10 bbls CW-7, 200 sks Class "C" with 50:50 Pozmix, 4% gel, and 300 gals cealment. P-D at 9:45 a.m. WOC - 48 hours. Tested casing with 1000# - held o.k.

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

SIGNED *John R. Howard* TITLE **Production Superintendent** DATE **June 22, 1965**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: