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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
Fee	
9. Well No.	
3	
10. Field and Pool, or Wildcat	
Undes. (Flying "M" SA)	
12. County	
Lea	
19. Proposed Depth	19A. Formation
4700	San Andres
20. Rotary or C.T.	
Rotary	
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond
4326 GL	Blanket
21B. Drilling Contractor	22. Approx. Date Work will start
Verna Drilling Co	Upon Approval

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK	
1a. Type of Work	
DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	
b. Type of Well	
OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	
Coastal States Gas Producing Company	
3. Address of Operator	
c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico	
4. Location of Well	
UNIT LETTER L	LOCATED 1980 FEET FROM THE South LINE
AND 661 FEET FROM THE West	LINE OF SEC. 28 TWP. 9 S RGE. 33 E NMPM
21. Elevations (Show whether DF, RT, etc.)	
4326 GL	
21A. Kind & Status Plug. Bond	
Blanket	
21B. Drilling Contractor	
Verna Drilling Co	
22. Approx. Date Work will start	
Upon Approval	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	8 5/8	21#	250	200	Circulate
7 7/8	4 1/2	9.5#	4700	300	3200

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed H. L. Smith Title Agent Date May 28, 1965

(This space for State Use)

APPROVED BY [Signature] TITLE Agent DATE May 28, 1965

CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

FORM C-128
Revised 5/1/57

SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE

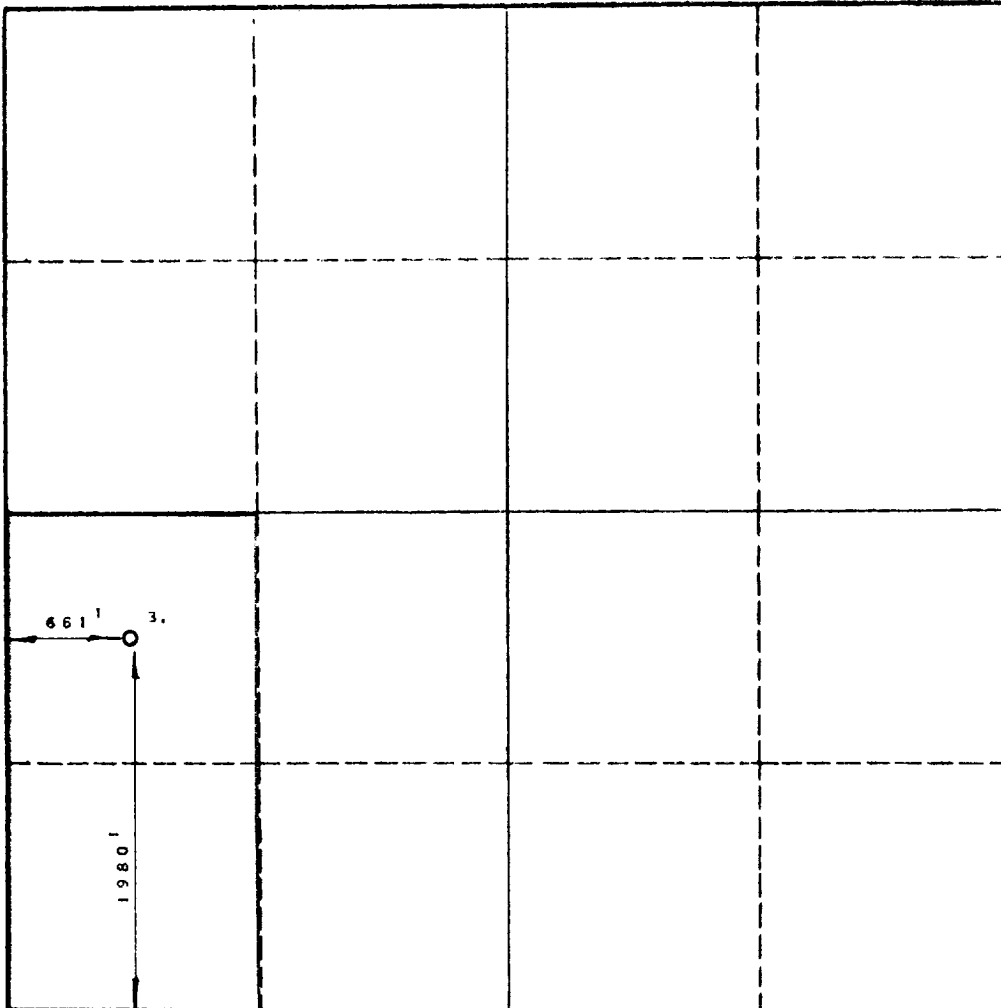
SECTION A

Operator COASTAL STATES GAS PRODUCING CO.			Lease "FEE"		Well No. 3
Unit Letter "L"	Section 28	Township 9-S	Range 33 E	County LEA	
Actual Footage Location of Well: 1980 feet from the SOUTH line and 661 feet from the WEST line					
Ground Level Elev. 4326	Producing Formation SAN ANDRES		Pool FLYING "M" SAN ANDRES		Dedicated Acreage: 80 Acres

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below? YES **X** NO ____ . ("Owner" means the person who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (65-3-29 (e) NMSA 1935 Comp.)
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? YES ____ NO ____ . If answer is "yes," Type of Consolidation _____
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner	Land Description

SECTION B



CERTIFICATION

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

Name	H. L. Smith
Position	Agent
Company	Coastal States Gas Producing Co.
Date	May 28, 1965

I hereby certify that the well location shown on the plat in SECTION B was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed	MAY 27, 1965
Registered Professional Engineer and/or Land Surveyor	MAX A. SCHWANN
Certificate No.	1510

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

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 AM NO.	30-025-21213
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	05812
7. Lease Name or Unit Agreement Name	Flying "M" (SA) Unit Tract 25
8. Well No.	3
9. Pool name or Wildcat	Flying "M" (SA)

SUNDY 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 <input type="checkbox"/> WIW <input type="checkbox"/>	2. Name of Operator Coastal Oil & Gas Corporation
3. Address of Operator P.O. Box 235, Midland, Texas 79702	4. Well Location Unit Letter L : 1980 Feet From The South Line and 661 Feet From The West Line Section 28 Township 9-S Range 33-E NMJM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4326 Gr	

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

11. NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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.

1. POOH with inj tbg and packer. PU workstring.
2. GIH with bit, clean out fill to \pm 4480'. POOH with bit.
3. GIH with pkr, set packer at \pm 4350', acidize with 2500 gal 20% NEFE.
4. Swab back load. POOH with workstring.
5. GIH with injection packer and lined tbg. Set packer at \pm 4380'. Test ann to 500# for 30 min.
6. Put well back 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 6-24-91
TYPE OR PRINT NAME Bobby L. Smith TELEPHONE NO. 915 682-7925

(This space for State Use)

ORIGINAL COPIES BY JERRY SEXTON
DIS. 10/11/91

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: