

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 21219
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Flying "M" (SA) Unit Tract 9
2. Name of Operator Coastal Oil & Gas Corporation	8. Well No. 3
3. Address of Operator P. O. Box 235, Midland, Texas 79702	9. Pool name or Wildcat Flying "M" (SA)
4. Well Location Unit Letter <u>J</u> : <u>1993</u> Feet From The <u>East</u> Line and <u>1978</u> Feet From The <u>South</u> Line Section <u>16</u> Township <u>9S</u> Range <u>33E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) Gr 4368'	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Temporarily Abandon ☒

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. Set CIBP at 4430' (Perfs 4478'-4510').
2. Circ hole with packer fluid. Test casing to 500#.
3. Leave well shut in.

THE COMMISSION MUST BE NOTIFIED
24 HOURS PRIOR TO COMMENCING WORK

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

SIGNATURE Bobby L. Smith TITLE Sr. Petroleum Engineer DATE 2-24-94

TYPE OR PRINT NAME Bobby L. Smith TELEPHONE NO. 915 682-7925

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE FEB 28 1994

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

COASTAL OIL & GAS CORPORATION

Well Completion Sketches

Flying "M" Unit Tract 9 #3
Well

Flying "M" (SA)
Field

February 22, 1994
Date

☒ Present Completion

☐ Suggested Completion

☐ Original Completion

Well Class: SI Producer

Well Bore Data

Set 8 5/8" csg in 11" hole @ 271'. Cmt'd with 200 sacks.
Cmt circ to surface.

Set 4 1/2" 9.5# csg in 7 7/8" hole @ 4600'. Cmt'd with 227 sacks.

Data On This Completion

Unit J, 1993' FEL & 1978' FSL, Sec 16, T9S, R33E
Lea County, NM
Gr Elev: 4367.7' Spud Date: 4/20/65

Est TOC @ 3780'.

Perfs 4478-88', 4500-10'
IP 5/4/65 92 BO + 18 BW
Cum Prod 278 MBO + 470 MBW + 77 MMCF

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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I. Operator
Coastal Oil & Gas Corporation
Address
P.O. Box 235 Midland, TX 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner Gas Producing Enterprises, Inc., P.O. Box 235, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Flying "M" (SA) Unit Tr. 9	3	Flying "M" San Andres	State, Federal or Fee State	OG-494
Location Unit Letter J ; 1997.6 Feet From The South Line and 1992.75 Feet From The East Line of Section 16 Township 9S Range 33E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Mobil Pipe Line Co.	P.O. Box 900, Dallas, TX 75221					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Cities Service Co.	P.O. Box 300, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
	I	17	9S	33E	Yes	10-13-67

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

8

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

M.H. Williamson
(Signature)

District Administrative Supervisor
(Title)

June 12, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1980
BY Orig. Signed by John Runyan
Geologist
TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.