- Submit 3 Copies	State of New M Energy, Minerals and Natural	Mexico Resources Départment	Form C-103 Revised 1-1-89
to Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobba, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-2/752 5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. 058102
SUNDRY NOT (DO NOT USE THIS FORM FOR PR DIFFERENT RESE (FORM C	ICES AND REPORTS ON W OPOSALS TO DRILL OR TO DEEP RVOIR. USE "APPLICATION FOR C-101) FOR SUCH PROPOSALS.)	EN OH PLUG BROK TO A	7. Lease Name or Unit Agreement Name Flying "M" (SA) Unit TF. 1/
1. Type of Well: OL GAS WELL WELL) OTHER W	WIW	
2. Name of Operator	J		8. Well No. Tr. 1A #5
Coastal Oil & Gas Co	rporation		9. Pool name or Wildcat
3. Address of Operator P. O. Box 235, Midla	nd, Texas 79702		Flying "M" (SA)
4. Well Location	.983 Feet From The East	Line and 198	30 Feet From The South Line
Unit Letter :			T
Section 29	Township 9-S	Range <u>33-E</u> ther DF, RKB, RT, GR, etc.)	NMPM Lea County
	10. Elevation (Show whe	316' (Gr.)	
(/////////////////////////////////////	Appropriate Box to Indica	te Nature of Notice,	Report, or Other Data
	ITENTION TO:	I SU	BSEQUENT REPORT OF:
	Г		
	CHANGE PLANS		
		CASING TEST AND	
OTHER:			· · · · · · · · · · · · · · · · · · ·
work) SEE RULE 1103. 1. POOH with injecti 2. PU workstring and 3. Acidize perfs with 4. Swab back load.	ion tbg. 1 clean well out to Pl ch 3000 gal HCl acid.		cluding estimated date of starting any proposed
5. POOH with workst:			t. t ht on
6. Run injection pa	cker and tubing and p	ut well back on :	injection.
	is true and complete to the best of my knowle	dge and belief.	
I hereby certify that the information above skon ATURE	mith	Area Super	intendent DATE <u>3-4-91</u> (915) TELEPHONE NO. 682-7925
TYPE OR PRINT NAME BObby L	. Smith		
(This space for State Use)	Ong bit and by Paul stautz Geologist	TITL B	ДАТВ

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CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY ----

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