

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. <u>30-025-21938</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 058102
7. Lease Name or Unit Agreement Name Flying "M" (SA) Unit <u>Tr. 15</u>
8. Well No. <u>Tr. 15 #3</u>
9. Pool name or Wildcat Flying "M" (SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4341' (Gr.)

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"/> OAS 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>P</u> : <u>525</u> Feet From The <u>South</u> Line and <u>797</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>9-S</u> Range <u>33-E</u> NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
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 injection tbq.
2. PU workstring and clean out to PBTD ($\pm 4550'$).
3. Acidize perms with 2500 gal HCl acid.
4. Swab back load.
5. POOH with workstring.
6. Run injection packer and tubing and 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 3-4-91
(915)
TYPE OR PRINT NAME Bobby L. Smith TELEPHONE NO. 682-7925

(This space for State Use)

Only Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: