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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico **HOBBS OFFICE O.C.C.**

Form C-101
Revised 12/1/55

NOTICE OF INTENTION TO DRILL

Notice must be given to the District Office of the Oil Conservation Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in QUINTUPLICATE. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission. If State Land submit 6 Copies. Attach Form C-128 in triplicate to first 3 copies of Form C-101.

Hobbs, New Mexico

November 30, 1966

(Place)

(Date)

OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Gentlemen:

You are hereby notified that it is our intention to commence the Drilling of a well to be known as
Coastal States Gas Producing Company

Flying "M" State 21

(Company or Operator)

, Well No. **3**, in **0** The well is

(Lease)

(Unit)

located **525** feet from the **south** line and **797** feet from the **east** line of Section **21**, T **9**, R **33**, NMPM.

(GIVE LOCATION FROM SECTION LINE)

Flying "M" (San Andres) Pool, **Lea** County

D	C	B	A
E	F	G	H
L	K	J	I
M	N	Q	P

If State Land the Oil and Gas Lease is No. **NM 3586**

If patented land the owner is _____

Address _____

We propose to drill well with drilling equipment as follows: **Rotary tools**

The status of plugging bond is **Blanket**

Drilling Contractor **Unassigned**

We intend to complete this well in the **San Andres** formation at an approximate depth of **4600'** feet.

CASING PROGRAM

We propose to use the following strings of Casing and to cement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
12-1/4	8-5/8	24	New	250	200
7-7/8	4-1/2	9.5	New	4600	300

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

APPROVAL VALID
FOR 90 DAYS UNLESS
RENEWED OR CANCELLED,
EXPIRES **3-4-67**

Approved _____, 19____
Except as follows:

Sincerely yours,

Coastal States Gas Producing Company

(Company or Operator)

By _____

Position **Division Production Superintendent**

Send Communications regarding well to

Name **Coastal States Gas Producing Company**

Address **Box 235, Midland, Texas 79701**

OIL CONSERVATION COMMISSION

Bv _____