

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE NM-2842-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME Federal "20"

9. WELL NO. 5

10. FIELD OR WILDCAT NAME Baum (Upper Penn)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-13-S, R-33-E

12. COUNTY OR PARISH Lea 13. STATE New Mexico

14. API NO. _____

15. ELEVATIONS (SHOW DF, KDB, AND WD) 4269 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 Form 9-331-C for such proposals.)

1. oil well gas well other _____

2. NAME OF OPERATOR Coastal Oil & Gas Corporation

3. ADDRESS OF OPERATOR P. O. Box 235 Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
 AT SURFACE: 1980' FSL & 1980' FWL
 AT TOP PROD. INTERVAL: _____
 AT TOTAL DEPTH: _____

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| | | | |
|-------------------------------|--------------------------|-----------------------|--------------------------|
| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | | <input type="checkbox"/> |
| (other) <u>Running casing</u> | | | |

(NOTE: Report results of sample completion or zone change on Form 9-330.)

RECEIVED
JAN 16 9 25 AM '84
BUREAU OF LAND MANAGEMENT
RESERVE DISTRICT

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

11-15-83 Ran. 208 jts. of 5 1/2" 17# & 20# casing, set at 9878'.
Cemented w/150 sx. BJ Lite w/0.8% D-19 followed by
275 sx. Class "H" w/6% D-19. Plug down 8:30 AM
11-16-83. Set slips. Cut off casing. Rig down.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED P. A. Campbell TITLE Sr. Petroleum Engr DATE January 12, 1984

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
FEB 17 1984

RECEIVED
MAR 2 1984
G.C.D.
HOBBY OFFICE