

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. 300258712300-S1
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM 058102
7. Lease Name or Unit Agreement Name Flying "M" (SA) Unit Tr. 25
8. Well No. 25-2
9. Pool name or Wildcat Flying "M" (SA)

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"/> GAS WELL <input type="checkbox"/> OTHER WIW <input type="checkbox"/>
2. Name of Operator Coastal Oil & Gas Corporation
3. Address of Operator P. O. Box 235, Midland, Texas 79702

4. Well Location
Unit Letter F : 1840' Feet From The West Line and 1840' Feet From The North Line
Section 28 Township 9-S Range 33-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4340' GR

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: _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
 CASING TEST AND CEMENT JOB
 OTHER: Clean out and acidize

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.

- 10-18-90 RU Service Unit. Install BOP, check for fill and POOH with tbg - Tagged fill at 4362' (Perfs 4467'-4515')
- 10-19-90 RU reverse unit. GIH with 3-7/8" bit on workstring. Cleaned well out to 4508'. Circ. out scale and iron. POOH.
- 10-20-90 GIH with packer on workstring, set packer and acidized well with 2000 gal 15% NEFE at 2 BPM and 1200#, ISDP 700#. Total load 67 bbl. Swabbed back 70 bbl. POOH.
- 10-21-90 SDFS.
- 10-22-90 GIH with AD-1 packer on injection tbg. Tested tbg in hole. Set packer at 4355'. Press ann to 300#, OK. Placed well 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 10-26-90
 TYPE OR PRINT NAME Bobby L. Smith TELEPHONE NO. (915) 682-7925

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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

261 01 1990