NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

SEP 5 19 '69

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State [X]   Fee [ ]

5. State Oil & Gas Lease No.
L-1503

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.
OIL WELL [X]   GAS WELL [ ]   OTHER-

2. Name of Operator
Coastal States Gas Producing Company

3. Address of Operator
P. O. Box 235, Midland, Texas   79701

4. Location of Well

UNIT LETTER __W__ , __660__ FEET FROM THE __South__ LINE AND __1980__ FEET FROM

THE __East__ LINE, SECTION __2__ TOWNSHIP __16S__ RANGE __34E__ NMPM.

7. Unit Agreement Name
- - -

8. Farm or Lease Name
State "2"

9. Well No.
1

10. Field and Pool, or Wildcat
Wildcat

15. Elevation *(Show whether DF, RT, GR, etc.)*

12. County
Lea

16.
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 [X]

OTHER _____   [ ]

17. 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.

SPUD DATE: 8-23-69

9-2-69: Ran 141 jts of 24# and 32# 8-5/8" casing set @ 4514'. Cemented w/325 sx Incor Poz w/6% gel and 5# salt/sack and 100 sx Class "H" w/2% Ca Cl₃ cement. PD @ 11:45 p.m. Tested casing with 1000#, held okay. WOC 18 hrs.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED _[signature]_   TITLE _Division Production Manager_ DATE _9-4-69_

APPROVED BY _[signature]_   TITLE _____   DATE ____ 1069

CONDITIONS OF APPROVAL, IF ANY: