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NEW MEXICO OIL CONSERVATION COMMISSION

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

| | |
|---|------------------------------|
| 5a. Indicate Type of Lease | |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |
| ----- | |

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/> | | 7. Unit Agreement Name |
| 2. Name of Operator Coastal States Gas Producing Company | | 8. Farm or Lease Name Fee |
| 3. Address of Operator P. O. Box 2498, Abilene, Texas | | 9. Well No. 2 |
| 4. Location of Well UNIT LETTER F 1840 FEET FROM THE North LINE AND 1840 FEET FROM West 28 TOWNSHIP 9-S RANGE 33-E NMPM. | | 10. Field and Pool, or Wildcat Flying "M" (SA) |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4340.4' GR | | 12. County Lea |

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

| | | | |
|--|---|---|---|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <input type="checkbox"/> |

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: 4-25-65

May 15, 1965: Acidized with 1000 gals BDA, followed by 10,000 gals retarded acid.

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

| | | |
|------------------------------------|--|--------------------------|
| SIGNED <u><i>Joe P. Howard</i></u> | TITLE <u>Production Superintendent</u> | DATE <u>May 22, 1965</u> |
| APPROVED BY _____ | TITLE _____ | DATE _____ |
| CONDITIONS OF APPROVAL, IF ANY: | | |