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NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> 5. State Oil & Gas Lease No. NM 058102
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name Flying "M" (SA) Unit	
2. Name of Operator Coastal States Gas Producing Company	8. Farm or Lease Name F.M.S.A. Unit Tract 4	
3. Address of Operator P.O. Box 235, Midland, Texas 79702	9. Well No. 4	
4. Location of Well UNIT LETTER <u>I</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>17</u> TOWNSHIP <u>9S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat Flying "M"	
15. Elevation (Show whether DF, RT, GR, etc.) 4392' DF		12. County Lea

16. 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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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.

11-27-78-Rigged up well service unit. Picked up and ran 2100' 2 3/8" tubing. Ran rods and pump. Rigged unit down.

11-28-78-Set base and pumping unit. Made flowline and electrical connections. Put well on production.

Note: No new perforations were made. Well was previoisly shut-in.

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

SIGNED <u>H. E. Edrabe</u> Title <u>Dist. Production Supt.</u> DATE <u>12-21-78</u>	Orig. Signed <input checked="" type="checkbox"/> Jerry Sexton Title <u>Dist. 1, Supv.</u> DATE <u>DEC 21 1978</u>
APPROVED BY _____ CONDITIONS OF APPROVAL, IF ANY:	