

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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. 30-025-21824
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name McGuffin
8. Well No. 1
9. Pool name or Wildcat Flying "M" (SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4365.5' KB

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
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 : 2155 Feet From The West Line and 1980 Feet From The North Line Section 29 Township 9-S Range 33-E NMPM Lea County
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11. 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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

12-13-93 POOH with rods and tbg. GIH with tbg. Acidize perms with  
thru 3000 gal 15% HCl. Swab on load. Returned well to production.  
12-16-93

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

SIGNATURE Bobby L. Smith TITLE Sr. Petroleum Engineer DATE 3-3-94  
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 MAR 08 1994

CONDITIONS OF APPROVAL, IF ANY: