NIL OF LOPICS RECEIVED			Form C-103 Supersedias GIJ
DISTRIBUTION			C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSER	RVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.			Sa. Indicate Type at Louise
LAND OFFICE			State Fee
OPERATOR			5, State Cil & Gas Lease No.
SUN IDO NOT USE THIS FORM FOR USE "APPLI	DRY NOTICES AND REPORTS ON W PROPOSALS TO DATLE OR TO DELPEN OR PLUG BAC CATION FOR PERMIT -" (FORM C-101) FOR SUCH	ELLS N TO A DIFFERENT RESERVOIR. PROPOSALS.)	
			7. Unit Agreement Name
2. Name of Operator	othen. Injection		8. Farm or Lease Name
			Flying M SA Unit
COASTAL OIL & GAS CORPORATION			9. Well No.
P.O. BOX 235	MIDLAND, TX		<b>#9 Tract 30</b>
4. Location of Well	· · · · · · · · · · · · · · · · · · ·	<u></u>	10. Field and Pool, or Wildcat
UNIT LETTER	Flying M Field		
THE LOast LINE, ST	CCTION33 TOWNSHIP98	RANGE 33E NMFM	
15. Elevation (Show whether DF, RT, GR, etc.)			12. County LEA
	ck Appropriate Box To Indicate Na F INTENTION TO:		her Data T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER	
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.

Dug out cellars to expose outlets of bradenheads from the first string of pipe cemented in well and all subsequent heads to and including the tubing head. Built risers from connectio on each well head with second valve on top of surface, to be able to check for pressure. Work performed has been inspected by Oil Conservation Representative, A. A. (Tony) Plattsmie

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

SIGNED and tat	TITLE Production Foreman	PATEAPRIL_30,-1982-
4. Stuetomice	THE OTT TO A CONCEPTOR	MAY 1 2 1982

11.00 latomu

CONDITIONS OF APPROVAL, IF ANY:



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