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NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	NEW MEXICO OIL CON	ISERVATION COMMISSION	C-102 and C-103
FILE			Effective 1-1-65
U.S.G.S.	δĒ	P & 11 40 11 18	5a. Indicate Type of Lease
LAND OFFICE			State Fee X
OPERATOR			5. State Oil & Gas Lease No.
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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.	CORRECTORY FOR SO	CEN PROPOSALS.)	7. Unit Agreement Name
WELL X WELL	OTHER.		
2. Name of Operator			8. Farm or Lease Name
Coastal States Gas Producing Company			Ainsworth "34"
3. Address of Operator			9. Well No.
P. O. Box 235, Midland, Texas 79701			1
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER L 1980 FEET FROM THE SOUTH LINE AND 470 FEET FROM			
	•		
THE West LINE, SECTION	349S	BANGE 33E	
THE WEST LINE, SECTION 34 TOWNSHIP 9S RANGE 33E NMPM			MPM. (
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
			Lea
16. Check At	opropriate Box To Indicate	Nature of Notice Report of	Other Date
NOTICE OF INT	ENTION TO:		ENT REPORT OF:
		3083200	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	A
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB X	PLUG AND ABANDONMENT
		OTHER	<u></u>
OTHER			
17 D			
work) SEE RULE 1 103.	itions (Clearly state all pertinent det	ails, and give pertinent dates, inclu	ding estimated date of starting any proposed
<u>SPUD DATE:</u> 8-30-68			
8-30-68: Ran 9 joints	of 8-5/8" 24# 8R J-55	ST&C casing set at 28	7'. Cemented with 200
sacks of Clas	s "A" 2% CaCl. PD at	6:00 p.m. Cement cire	culated. Tested with
1000#, held o	kay. WOC 20.5 hours.		
CASING WAS CEMENTED WIT	H OPTION NO. 2 AS FOLL	OWS:	
1. Volume of cement sl	urry - 236.0 cu. ft.		
	cement with 2% CaCl.		
	ture of slurry - 75°.		
4. Estimated minimum f	ormation temperature -	780.	
5. Estimate of strengt	h at time of testing -	1020# per sa in	
6. Actual time in place	e prior to starting ce	ment test - 20 5 hours	
•			•
			· A
			*\$
8. I hereby certify that the information abo	ove is true and complete to the barries	f my to and d	
	7	u my knowledge and belief.	
O P. Comment	/	D. D	
GNED THE CASHUMAN	TITLE	Div. Prod. Supt.	DATE Sept. 5, 1968
NI			
1 Lace 1/00	7.00		Comp.
PPROVED BY	TITLE	E Pr. V	DATE
ONDITIONS OF APPROVAL, IF ANY:			
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