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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 [X]   Fee [ ]

5. State Oil & Gas Lease No.
K-4457

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 [X]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name
–

2. Name of Operator
Coastal States Gas Producing Company

8. Farm or Lease Name
State "10"

3. Address of Operator
P. O. Box 235, Midland, Texas 79701

9. Well No.
1

4. Location of Well
UNIT LETTER **M**, **660** FEET FROM THE **South** LINE AND **660** FEET FROM
THE **West** LINE, SECTION **10** TOWNSHIP **9S** RANGE **3.3E** NMPM.

10. Field and Pool, or Wildcat
Undesignated

15. Elevation *(Show whether DF, RT, GR, etc.)*
4374.2'

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 [ ]   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 [X]

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
Spud Date: 9/4/68

9/16/68: Ran 291 joints 5-1/2" casing (as below) set at 9595'. Cemented with 200-sacks class C, 1:1 Poxmix, 2% Gel, 5-1% CFR 2, and 9# salt/sack. Plug down at 4:30 P.M. Tested casing with 21000 - held OK. WOC 66 hours.

No. Joints	Casing Description
120	5-1/2" 15.5# 8R J-55 STLC
45	5-1/2" 15.5# 8R J-55 LTLC
37	5-1/2" 17# 8R J-55 STLC
37	5-1/2" 17# 8R J-55 LTLC
52	5-1/2" 17# 8R N-80 LT&C

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

SIGNED _____   TITLE **Div. Prod. Supt.**   DATE _____

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY: