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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 17 1968

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K-6657	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Coastal States Gas Producing Company		State "10"
3. Address of Operator		9. Well No.
Box 235, Midland, Texas 79701		1
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER M, 660 FEET FROM THE south LINE AND 660 FEET FROM		Undesignated
THE west LINE, SECTION 10 TOWNSHIP 9S RANGE 33E NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
4374.2' GL		Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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

9-11-68: Ran 54 joints of 32# (1638') and 71 joints of 24# (2292') of 8-5/8" 8R J-55 ST&C casing set at 3930'. Cemented with 300 sacks of Class "C" 2% CaCl. Cement circulated. PD at 9:30 p.m. Tested casing with 1000#, held okay. WOC 48.0 hours.

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

SIGNED Joe R. Howard TITLE Div. Prod. Supt. DATE September 17, 1968
APPROVED BY Joe R. Howard TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____