Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, ...nerals and Natural Resources Department

Form	c.	10	3
Revis	ed :	1-1	-89

				N. 44 INGO	1.1.02
DISTRICT P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT	ION DIVISION	[seems a seems		
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-23169		
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410				STATE X	FEE
71220, 1441 0,410			6. State Oil & G		
SUNDRY NOTIC	ES AND REPORTS ON W	/ELLS			
DIFFERENT RESERV	POSALS TO DRILL OR TO DEEP POIR. USE "APPLICATION FOR I 01) FOR SUCH PROPOSALS.)	EN OR PLUG BACK TO A	7. Lease Name of	Tunit Agreement Name	<i>(11111111)</i> :
1. Type of Well:	PHY TOTOGOTT HOT COALS.)		Sarmo	r State	
OIL GAS WELL [OTHER		Jawye	1 State	!
2. Name of Operator			8. Well No.		
Coastal Oil & Gas Corpo 3. Address of Operator	ration			1	
P. O. Box 235 Midland	Texas 79702		9. Pool name or		
4. Well Location				W. (SA)	
Unit Letter B: 660	Feet From The North	Line and	1980 Feet From	n The East	Line
Section 4	10.5	37 E			
	Township 10-S 10. Elevation (Show wheth	Range 37-E ver DF, RKB, RT, GR, etc.)	NMPM	Lea	County
	////	3976'			
11. Check Ap	opropriate Box to Indicate	Nature of Notice, R	eport, or Othe		
NOTICE OF INTE	NTION TO:	SUB	SEQUENT F	REPORT OF:	
PERFORM REMEDIAL WORK	BLUC AND ADAMPON	ı 1		iel Offi Of :	,
	PLUG AND ABANDON	REMEDIAL WORK	XX	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	NMENT [
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER:		OTHER:			<u></u>
12 Decrebe Proceed or Combined			_		
 Describe Proposed or Completed Operation work) SEE RULE 1103. 	8 (Clearly state all pertinent details,	and give pertinent dates, includ	ling estimated date o	starting any proposed	
Work performed 9-18-95 t	:hru 9-22-95.				
MIRU. POOH with product with 2500 gal 15% NEFE. Acidized new perfs with tbg and rods. Put well	Unset pkr, GIH, se 2500 gal 15% NEFE.	t pkr @ 4980'. I Swab back load.	erf 4986'-	5008' with 2	ISPF
I hereby certify that the information above is true and sonature Bobby L. Sm. Type or print name Bobby L. Sm. (This space for State Use) ORIGINAL SELECT S	complete to the best of my knowledge and ith		ndent	DATE	-682-792
APPROVED BY DISTRICT St		ne		NO / 1	Ţ " 1
				- DATE	