

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-23169
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-1080
7. Lease Name or Unit Agreement Name Sawyer State "A"
8. Well No. 1
9. Pool name or Wildcat Sawyer, W. (SA)

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Coastal Oil & Gas Corporation	
3. Address of Operator P. O. Box 235 Midland, Texas 79702	
4. Well Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line Section 4 Township 10-S Range 37-E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) KB 3976'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. 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.

1. POOH with rods and tbg.
2. Perforate San Andres from 4986'-5008'.
3. Isolate new perfs and acidize with 2500 gal of 15% NEFE.
4. Isolate old perfs (4958'-4976') and acidize with 2500 gal 15% NEFE.
5. Return well to production.

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

SIGNATURE Bobby L. Smith TITLE Area Superintendent DATE 09-13-95
TYPE OR PRINT NAME Bobby L. Smith TELEPHONE NO. (915) 682-7925

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 15 1995

CONDITIONS OF APPROVAL, IF ANY: