NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION	0.0255 1 × 20 0 0	Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION C.	Effective 1-1-65
FILE	SEP 1 18 45 M 169	5a. Indicate Type of Lease
U.S.G.S. LAND OFFICE	0tr 4 10 45 .W 03	State Fee. X
OPERATOR OPERATOR		5. State Oil & Gas Lease No.
O ZIM OI	J	
SUNDR		
1. OIL A GAS WELL WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator Coastal States Gas Producing Company		8. Farm or Lease Name Marr
3. Address of Operator		9. Well No.
P. O. Box 235, Midland, Texas 79701		1
4. Location of Well UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM		10. Field and Pool, or Wildcat Undes. West Sawyer (SA)
	ON 33 TOWNSHIP 95 RANGE 37E NMP	
LINE, SECTI		
	15. Elevation (Show whether DF, RT, GR, etc.)	Lea
16. Check	Appropriate Box To Indicate Nature of Notice, Report or (Other Data
		NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS CASING TEST AND CEMENT JQB X	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB OTHER	
OTHER		
		in actimated data of starting any proposed
17. Describe Proposed or Completed O work) SEE RULE 1103.	perations (Clearly state all pertinent details, and give pertinent dates, includi	ng estimated date of starting any proposed
<u>SPUD DATE</u> : 8-17-69		
	/ 1/28 0 5# 1 55 oneing set at 5061 Ceme	nted w/250 sx of
8-29-69: Ran 152 jts	4-1/2", 9.5#, J-55 casing set at 5061'. Ceme	t. PD @ 2:00 pm.
Class "C", 1:1 Pos, 4% gel, 27 sx w/30 gallons of Cealment. PD @ 2:00 pm. Tested casing w/1020#, held okay. WOC 96 hrs.		
Tested Cas	ing w/1020#, held oxay. woo yo have.	
10 I hereby contifu that the information	n above is true and complete to the best of my knowledge and belief.	
10. I hereby certify that the information		
SIGNED ON RHOWN	Division Production Manag	ger DATE 9-1-69
101	0	
U () of a see to	Contained	S.FP 5 19 69
APPROVED BY	Umjan TITLE GOODETSI	DAJE
CONDITIONS OF APPROVAL, IF AN	Y: 🗸	