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NEW MEXICO OIL CONSERVATION COMMISSION

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

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"/>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Coastal Oil & Gas Corporation		5. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 235 Midland, Texas 79702		7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>5</u> TOWNSHIP <u>10S</u> RANGE <u>37E</u> N.M.P.M.		8. Farm or Lease Name Adlong "5"
		9. Well No. 2
		10. Field and Pool, or Wildcat West Saywer (San Andres)
15. Elevation (Show whether DF, RT, GR, etc.) 3977.9 GR		12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Set 5 1/2" Casing</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

5-13-81 TD 5085'. PBTD 5035'.
Set 120 jts 5 1/2" casing @ 5085'.
Cmtd 1st stage 835 sxs.
2nd stage 1000 sxs. Circ 30 sxs.
PD stage 7:00 PM

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

SIGNED [Signature] TITLE Operations Analyst DATE 7-15-81

APPROVED BY [Signature] TITLE Dist. L. Supv. DATE 7-15-81
CONDITIONS OF APPROVAL, IF ANY: