

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 30-025-26893
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
8. Well No. 2
9. Pool name or Wildcat Sawyer, W. (SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) KB 3996'

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 A 660 Feet From The North Line and 660 Feet From The East Line Section 4 Township 10-S Range 37-E NMPM Lea County
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

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.

Work performed 9-14-95 thru 9-16-95.

POOH with rods, pump and tbg. RU W1, perf 5026'-5038' with 2 JSPF. PU RTTS and RBP and GIH. Set RBP at 5040', PU and set pkr at 5015'. Acidize new perfs with 2000 gal 15% NEFE. Unset pkr, PU and re-set at 4900'. Acidize all perfs with 3500 gal 15% NEFE. Swab back load. POOH with tools. Run prod equipment. Put well back on production.

3/8 Jbg @ 5020

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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 10-30-95
TYPE OR PRINT NAME Bobby L. Smith TELEPHONE NO. 915-682-7925

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

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 2 1995