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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
L-1080

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"/>	7. Unit Agreement Name
2. Name of Operator Coastal Oil & Gas Corp.	8. Farm or Lease Name Sawyer State
3. Address of Operator P. O. Box 235, Midland, Texas 79702	9. Well No. 2
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>4</u> TOWNSHIP <u>10-S</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or Wildcat West Sawyer-San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3983.4 GR	12. County Lea

16. 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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <u>Extension of teime C-103 1-15-81</u> <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input 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.

* Cl "C", 2% CaCl₂, (100% excess)
 ** First Stage: 50/50 Poz Cl "C", 2% CaCl₂, 1/4#/sx. Flocele (25% excess) 430 sxs.
 Second Stage: DV Tool @ + 2500', Cl "C", 4% Gel 2% CaCl₂, 5# sx gilsonite, 1/4# sx Flocele (150% excess) 690 sxs.

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

SIGNED <u>Sue Vanderford</u>	TITLE <u>Operations Analyst</u>	DATE <u>3-24-81</u>
APPROVED BY <u>Don J. Supp.</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		