

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. <u>2948</u> <u>30-025-2948-700-51</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM 058102

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: OR WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW	7. Lease Name or Unit Agreement Name Flying "M" (SA) Unit Tract 13
2. Name of Operator Coastal Oil & Gas Corporation	8. Well No. 6
3. Address of Operator P. O. Box 235, Midland, Texas 79702	9. Pool name or Wildcat Flying "M" (SA) Field
4. Well Location 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>20</u> Township <u>9-S</u> Range <u>33-E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4389.9 KB	

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: Conversion to WIW ☒

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.

12-10-90 RU Service Unit. POOH and LD rods and tbg. RD Unit. Sent tbg in to be lined.
12-19-90 RU Service Unit. PU and GIH with Baker AD-1 Packer and 141 jts 2-3/8" 4.7 #J-55
thru Rice Engineering Duo-lined tbg. Circ. packer fluid, set packer at 4362' with
12-21-90 12 pts. Press ann to 340#, held for 15 min., dropped to 240#. Set packer
with 15 pts. press ann to 380#, held ok for 19 min., dropped to 270#.
Jack Griffin (OCD) took charts in to evaluate. Obtained verbal approval
from Bonnie to begin injection (12-21-90). RD Unit. Finished connection at
wellhead. Began injection 12-23-90 at 230 BWIPD at 600#.

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 01-09-91

TYPE OR PRINT NAME Bobby L. Smith

TELEPHONE NO. (915) 682-7925

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 10 1991

CONDITIONS OF APPROVAL, IF ANY: