

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. 30-025-2948-700-61	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. NM 058102	
7. Lease Name or Unit Agreement Name Flying "M" (SA) Unit Tract 13	
8. Well No. 6	
9. Pool name or Wildcat Flying "M" (SA)	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4389.9 KB	

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 ☐ GAS WELL ☐ OTHER ☒ Converting to WIW

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 20 Township 9-S Range 33-E NMPM Lea County

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: Convert to WIW ☒

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.

Converting to WIW per Administrative Order PMX-161 (Copy attached).

1. POOH with rods and pump. POOH with tbg.
2. TIH with bit and clean well out to PBTD. Circ hole clean with fresh water. POOH with bit.
3. PU 5-1/2" AD-1 injection packer and 2-3/8" PVC lined tbg. Set packer at \pm 4350 (Perfs 4407-17' and 4440-4466').
4. Load annulus with packer fluid and test casing to 500# with chart recorder.
5. Assemble wellhead and lay injection line. Place well on injection.

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 12-05-90
(915)
TYPE OR PRINT NAME Bobby L. Smith TELEPHONE NO. 682-7925

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: