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W MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-4-85

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
NM- E-7392	

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		Flying "M" (SA) Unit	
2. Name of Operator		8. Farm or Lease Name	
Coastal Oil & Gas Corp.		Flying "M" (SA) Unit Tr. 13	
3. Address of Operator		9. Well No.	
P. O. Box 235, Midland, Texas 79702		6	
4. Location of Well		10. Field and Pool, or Wildcat	
UNIT LETTER <u>A</u> LOCATED <u>660</u> FEET FROM THE <u>north</u> LINE		Flying "M" San Andres	
AND <u>660</u> FEET FROM THE <u>east</u> LINE OF SEC. <u>20</u> TWP. <u>9-S</u> RGE. <u>33-E</u> NMPM		12. County	
		Lea	
19. Proposed Depth		19A. Formation	
4600'		San Andres	
20. Rotary or C.T.		Rotary	
21. Elevations (Show whether DF, RT, etc.)		21B. Drilling Contractor	
4379.4		Undesignated	
21A. Kind & Status Plug. Bond		22. Approx. Date Work will start	
Blanket		11-8-85	

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	8 5/8"	24#	1750'	850	Surface
7 7/8"	5 1/2"	15.5#	4600'	600	1700'

(A) Surface - 650 sks. Class "C" w/6% gel & 2% CaCl<sub>2</sub>  
200 sks. Class "C" w/2% CaCl<sub>2</sub>

(B) Production - 400 sks. Light wt.  
200 sks. Class "H"

Permit Expires 6 Months From Approval  
Date Unless Drilling Underway.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Sue Thacker Title Operations Analyst Date 10-30-85

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE

NOV 4 - 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NOV 1 - 1985

O.C.D.  
HOBBS OFFICE