



STATE OF NEW MEXICO
ENVIRONMENT, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

November 20, 1987

GARREY CARRUTHERS
GOVERNOR

POST OFFICE BOX 1990
HOBBS, NEW MEXICO 88241-1990
(505) 393-6161

Coastal Oil & Gas Corporation Attn: Sue Vanderford

Box 235

Midland, TX 79702

Gentlemen:

Form C-103, Report of Plugging, for your AINSWORTH #1-M 23-9-33

LEASE WELL # UNIT S-T-R
cannot be approved until a Division representative has made an inspection of the location and found it to be cleared to comply with Division Rules and Regulations. Please check each item in the space provided to indicate that the work has been done.

- () 1. All Pits have been filled and levelled.
- () 2. Rat hole and cellar have been filled and levelled.
- () 3. A steep marker 4" in diameter and approximately 4' above mean ground level as been set in concrete. It must show the quarter-quarter section or unit designation, section, township, and range numbers which have been permanently stenciled or welded on the marker.
- () 4. The location has been levelled as nearly as possible to original top ground contour and has been cleared of all junk and equipment.
- () 5. The dead men and tie downs have been cut and removed.
- () 6. If a one well lease or last remaining well on lease, the battery and burn pit locations have been levelled and cleared of all junk and equipment.

The above are minimum requirements and no plugging bond will be released until all locations for plugged and abandoned wells have been inspected and Forms C-103 approved. When all of the work outlined above has been done, please notify this office by filling in the blank form below and returning this letter to us so that our representative will not have to make more than one trip to the location.

OIL CONSERVATION DIVISION

Edwin W. Seay
Oil & Gas Inspector

ck to Release without then pay

PLEASE SUBMIT FOLLOWING TO COMPLETE OUR FILE:

(C-103 on setting & cementing casing
C-105

~~Tabulated list of deviation surveys~~ *Rec'd 11/30/87*

FILL IN BELOW AND RETURN

I certify that the above work has been done and the
is ready for your inspection and approval.

LEASE . WELL # UNIT S-T-R

OPERATOR

NAME & TITLE