

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other ☒ Dry
2. NAME OF OPERATOR
Coastal Oil & Gas Corp.
3. ADDRESS OF OPERATOR
P. O. Box 235, Midland, Texas 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FWL & 660' FNL
AT TOP PROD. INTERVAL: None
AT TOTAL DEPTH: P & A

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input checked="" type="checkbox"/>
(other) _____	

5. LEASE
NM 29231
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
C. D.
ARTESIA, OFFICE
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Coastal Federal "22" Federal
9. WELL NO.
10. FIELD OR WILDCAT NAME
Wildcat (SA)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T-7-S, R-31-E
12. COUNTY OR PARISH
Chaves
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4356.1' GL, 4365' KDB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Well Spud 10 PM 5-24-84
5-28-84 - Ran 37 jts, 8 5/8" 24# K-55, Set @ 1581', Cement w/600 sks. Class "C" w/6% gel + 2% CaCl₂. Mix at 13.1 PPG. Tail w/300 sks. "C" w/2% CaCl₂. Mix at 14.8 PPG. Circ. 100 sks. PD WOC - NU.
6-6-84 - RU & log w/Schlumberger Gr./LDT DLL - MSFL. Logger TD 4071'
6-7-84 - RIH w/open ended. Pump plug #1 3134' - 2941'. TOH 6 stds. circ. TIH tag plug @ 2940'. LD 40 jts. dp. Pump 2nd plug 1900' - 7800'. LD 10 jts. dp. Set plug #3 1630' - 1490'. Pull 6 stds. Circ. TIH & tag #3 @ 1360'. LD DP & set 15 sack surf. plug. Rig released 8:00 AM 6-7-84.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED P. W. Chester TITLE Drilling Manager DATE 9-17-84

(Orig. Sgd.) APPROVED
PETER W. CHESTER

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

127 1985

RECEIVED

JAN 29 1985

O.C.P.
HOBBS OFFICE

WELL NAME AND NUMBER Coastal - Federal "22" #1
LOCATION Section 22, T7S, R31E
OPERATOR Coastal Oil & Gas Corporation
DRILLING CONTRACTOR Salazar Brothers Drilling, Inc.

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above described well and has conducted deviation tests and obtained the following results:

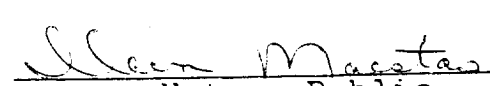
<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>1/4° @ 531</u>	<u>1 1/4° @ 4080</u>	<u> </u>
<u>1/4° @ 1028</u>	<u> </u>	<u> </u>
<u>1/2° @ 1585</u>	<u> </u>	<u> </u>
<u>3/4° @ 2000</u>	<u> </u>	<u> </u>
<u>1 1/2° @ 2500</u>	<u> </u>	<u> </u>
<u>1° @ 3000</u>	<u> </u>	<u> </u>
<u>1 3/4° @ 3500</u>	<u> </u>	<u> </u>

Drilling Contractor Salazar Brothers Drilling, Inc.

By: 

Title: President

Subscribed and sworn to before me this 8 day of May,
19 84


Notary Public

My Commision Expires:
May 10, 1986

 County of Bernalillo

RECEIVED

JAN 29 1985

G.C.
HOSPITAL OFFICE