N. M. GIL COMO. GOMMICON

Form Approved. Budget Bureau No. 42-R1424

P. O. BOX 1930

DEPARTMENT OF THE INTERIOR	ICQ.	882
GEOLOGICAL SURVEY	6.	IF II

CAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME						
	CAL	SURVEY	6.	IF INDIAN,	ALLOTTEE OR	TRIBE NAME

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 well	X	gas well		other	
2.	NAM	E OF	OPERA"	TOR		

Coastal Oil & Gas Corp.

3. ADDRESS OF OPERATOR

P. O. Box 235, Midland, Texas

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "6"

9. WELL NO.

10. FIELD OR WILDCAT NAME

Baum Upper Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 6, Twp 14S Rge. 33E

12. COUNTY OR PARISH 13. STATE New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB AND WD) 4276.1 G1

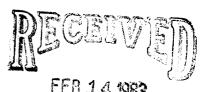
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES ABANDON*** Setting 5 1/2" (other)

SUBSEQUENT REPORT OF: casing

(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.)*

1-26-83 Ran 244 jts. 5 1/2" csg. set @ 10054'. Cement with 450 sks. Class H .4% Halad 22 5#/sks. salt. Plug down 12:30 pm 1-25-83 Released rig midnight 1-25-83.



M 0 200

Subsurface Sa	ifety Valve: Manu, and Type		ROSVIELL SALO ALLERO	Ft.
18. I hereby o	ertify that the foregoing is true and	d correct		
SIGNED	on lyong	Drilling Manager DAT	E2-9-83	
	(ORIG. SGD.) DAVID R.	space for Federal or State office use) GLASS TITLE D	ATE	
APPROVED BY CONDITIONS	F APPROYEE 16 1983			
	UNITED ALC MANAGEMENT SERVICE			

ROSWELL, NEW MEXICO

e Instructions on Reverse Side

O.C.D. HOBBS OFFICE

FEB 18 1983

RECEIVED