TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

P. O. BOX 1090

Form Approved. Budget Bureau No. 42-R1424

5.	LEA	SE		

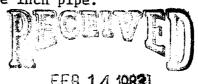
EPARTMENT OF THE INTERIOR	3. LEAGE
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIB

DEPARTMENT OF THE INTERIOR			
GEOLOGICAL 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	7. UNIT AGREEMENT NAME		
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME		
1. oil 🙀 gas 🦳	Federal "6"		
well well other	9. WELL NO.		
2. NAME OF OPERATOR	2		
Coastal Oil & Gas Corp.	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR	Baum Upper Penn		
P. O. Box 235, Midland, Texas 79702	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA		
below.)	Sec. 6, Twp 14S Rge 33E		
AT SURFACE:	12. COUNTY OR PARISH 13. STATE		
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Lea New Mexico		
AI TOTAL BEFTA.	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,			
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
REQUEST FOR ARREDOVAL TO: SUBSEQUENT REPORT OF	4276.1 G1		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			

REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Setting 8

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.)*

1-8-83 Run 8 5/8" csg. 49 jts. 28# S-80 ST&C and 42 jts. 24# J-55 ST&C to 4105.32' 4108.60 total. RU Howco circ last jt. in hole. Cmt. w/1500 sks. Lt Wt. 15# sk salt 1/4 cello Mix 13.1 ppg tail 200 sks. C @ 14.8 1/4# cello PD 8:45 1-7-83 Ran Temp. Survey. TOC 80' below GL Cmt. to surface with 65 sks. Class C through one inch pipe.



		A COLUMN TO THE				
		FEB 1 4 1983				
Subsurface Safety Valve: Manu. and Type		Set @ Ft				
18. I hereby	certify that the foregoing is true and correct	eh a eas Mynehad hallt. Servece				
SIGNED	1 an cyony TITLE Drilling Ma	nager DATE DIG BREXICO				
	(This space for Federal or State office use)					
APPROVED BY CONDITIONS	ORIG. SGD.) DAVID R. GLASS	DATE				
	MINERALS MANAGEMENT SERVICE ROSWELL, NEW MEXICO See Instructions on Rever	rse Side				

RECEIVED

FEB 18 1983

O.C.D. HOBBS OFFICE