NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION	HOL		Supersedes Old
SANTA FE	NEW MEXICO OLL CON	SERVATION COMMISSION	C-102 and C-103
FILE	NOV		Effective 1-1-65
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5, State Oil & Gas Lease No.
			K-1680
(DO NOT USE THIS FORM FOR PRO USE MAPPLICATI	Y NOTICES AND REPORTS ON POSALS TO DRILL OR TO DEEPEN OR PLUG ON FOR PERMIT	I WELLS BACK TO A DIFFERENT RESERVOIR. CH PROPOSALS.)	
OIL GAS WELL	OTHER.		7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
Coastal States Gas	Producing Company		
3. Address of Operator			9, Well No.
Box 235, Midland, To	exas 79701		
4. Location of Well			
B B	660		10, Field and Pool, or Wildcat
UNIT LETTER ,,	DOU FEET FROM THE DOT CR	LINE AND FEET FR.0	M Flying WMH (SA)
THE <b>CASE</b> LINE, SECTION	6 TOWNSHIP 14	4	
	15. Elevation (Show whether		
			12. County
$\frac{1}{16}$	4272		Lea
Check A	ppropriate Box To Indicate N	lature of Notice, Report or O	ther Data
NOTICE OF IN	TENTION TO:		T REPORT OF:
r- <b>-</b> -			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER	<b>ل</b> ــا
OTHER			

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1905.

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<u>11-6-67:</u> Ran 315 jts of 5-1/2", 15.5# and 17# casing set at 10,114" cemented with 450 sxs of Class "C" 1:1 Posmix 2% gel, .5% CFR 2, 9# salt/sack, plus 500 gallons of mud flush. PD at 1:15 a.m. Tested casing with 1600#, held OK. WOC 36 hours.

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

SIGNEDAl formand	TITLE Div. Prod. Supt.	DATE November 16, 1967
APPROVED BY	CREWARDS CONTRACTOR	DATE

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