NO. OF COPIES RECEIVED			Form C-103		
DISTRIBUTION	-	. ÷ .	Supersedes Ol		
SANTA FE		SERVATION COMMISSION	C-102 and C-1		
FILE			Effective 1-1-6	55	
U.S.G.S.	-		5a. Indicate Type	of Lease	
			State x	Fee	
OPERATOR	-		5. State Oil & Gas		
	_J			s Ledse No.	
			<u>K-1318</u>		
DO NOT USE THIS FORM FOR P	RY NOTICES AND REPORTS ON ROPOSALS TO DRILL OR TO DEEPEN OF PLUG I	WELLS			
USE "APPLIC	ATION FOR PERMIT -** (FORM C-101) FOR SUC	CH PROPOSALS.)			
OIL GAS			7. Unit Agreement	Name	
WELL X WELL					
2. Name of Operator	8, Farm or Lease	8. Farm or Lease Name			
Coastal States Gas Pro	State "5"	State "5"			
3, Address of Operator			9. Well No.	·····	
Box 235, Midland, Tex	1	1			
4. Location of Well	10, Field and Poo	10. Field and Pool, or Wildcat			
UNIT LETTER					
· · · · · · · · · · · · · · · · · · ·	1980 FEET FROM THE SOUTH	LINE AND FEET FRO			
THE WEST LINE SECT	5 148	2015			
THE WEST LINE, SECTION 5 TOWNSHIP 14S RANGE 33E NMPM.					
	15. Elevation (Show whether	DF. RT. CR. etc. 1	12. County	<i>4444444</i>	
	4267.8' GL	······································	Lea		
Check	Appropriate Box To Indicate N	lature of Notice, Report or O	ther Data		
NOTICE OF	INTENTION TO:		NT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	A TEB		
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.			
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	PLUG AN	D ABANDONMENT	
		T			
OTHER		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 1 105.

SPUD DATE: 1-15-68 1:00 p.m.

<u>2-20-68:</u> Ran 318 joints of 5-1/2" 15.5# and 17# casing (J-55 and N-80) set at 9662". Cemented with 200 sacks of Class "C" 1:1 Posmix, 2% gel, .5% CFR2 and 9# salt per sack. PD at 7:30 a.m. Tested casing with 1200#, 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.									
SIGNED Le R Housen			TITLE Div. Prod. Supt.						
APPROVED BY	ROVAL, IF ANY:	TITLE	b	e for all	DATE				

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