

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instruction  
verse side)

Budget Bureau No. 1004-01  
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SWD Well	5. LEASE DESIGNATION AND SERIAL NO. NM 2842-A
2. NAME OF OPERATOR Coastal Oil & Gas Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 235, Midland, Texas 79702	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FEL & 660' FSL	8. FARM OR LEASE NAME Federal "20"
14. PERMIT NO.	9. WELL NO. 1-SWD
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 4267'	10. FIELD AND POOL, OR WILDCAT SWD Baum (U. Penn)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA 20, T-13-S, R-33-E
	12. COUNTY OR PARISH Lea
	13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

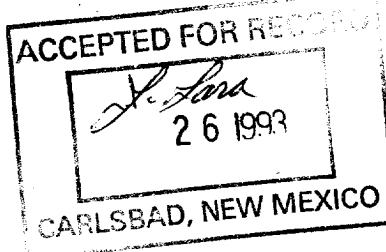
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Repair Tbg Leak	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

The following work was performed on the subject well August 9 & 10, 1993:

MIRU Service Unit. Installed BOP. Release on/off tool from packer, POOH with tubing. Found hole in tbg 264 jts from surface. Tested tbg in hole to 5000#, laid down a total of 5 jts. Spotted packer fluid in annulus, set on/off tool, pressure tested casing to 500# (copy of chart attached). Returned well to service.



RECEIVED  
OCT 5 10 58 AM '93  
CARLSBAD, NEW MEXICO

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

SIGNED Bobby L. Smith

TITLE Sr. Petroleum Engineer

DATE 9-29-93

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

