

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 ☒ gas ☐ other ☐  
well well  
2. NAME OF OPERATOR  
Coastal Oil & Gas Corporation  
3. ADDRESS OF OPERATOR  
P. O. Box 235, Midland, Texas 79702  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: Sec. 20, T-13-S, R-33-E  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: X

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

(other) Test casing to extend temporary abandonment.

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.)\*

This well has an Otis Packer set @ 9660' above perforations at 9738-46'. On May 10, 1983 the casing was tested to 500 psi and was ok.

5. LEASE  
NM 2842A  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Federal "20"  
9. WELL NO.  
1  
10. FIELD OR WILDCAT NAME  
North Baum (Upper Penn)  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 20, T-13-S, R-33-E  
12. COUNTY OR PARISH 13. STATE  
Lea New Mexico  
14. API NO.  
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15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4256 GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED

MAY 13 1983

OIL & GAS

ROSWELL, NEW MEXICO

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_

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

SIGNED Ray Wood TITLE Prod. Oper. Supv. DATE May 11, 1983

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 12 1983