

N. M. OIL CONS. COMMISSION
P. O. BOX 1080
HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

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 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:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO: X SUBSEQUENT REPORT OF:

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 & 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 is located on a producing lease and is being held as a possible water disposal or injection well. This well has an Otis packer set @ 9660' above the perforations 9738-46'. This packer has a plug installed and the 5 1/2" casing is filled with treated water. We propose to test the casing and packer by pressuring up to 2000 psi with a pump. This should adequately test the integrity of the well.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Ray Woods TITLE Prod. Oper. Super. DATE 3-29-83

APPROVED (This space for Federal or State office use)	
APPROVED BY: <u>James A. Gillham</u>	TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:	
APR 5 1983	
FOR JAMES A. GILLHAM DISTRICT SUPERVISOR	

*See Instructions on Reverse Side

5. LEASE
NM 2842 A
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
Lea
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4256 GR

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

RECEIVED
MAR 31 1983

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

RECEIVED
APR 6 1983
O.C.D.
HOBBS OFFICE