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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>

5. State Oil & Gas Lease No.
L-521

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
Coastal States Gas Producing Company	State "23"
3. Address of Operator	9. Well No.
P. O. Box 235, Midland, Texas 79701	1
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER K 1980 FEET FROM THE south LINE AND 1980 FEET FROM	Undesignated
THE west LINE, SECTION 23 TOWNSHIP 14S RANGE 32E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4293.8' GR	Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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 1103.

SPUD DATE: 8-25-68

9-27-68: Ran 316 joints of 5-1/2" casing set at 10,100'. Cemented with 200 sacks of Class "C" 1:1 Posmix, 2% gel with 1/2 of 1% of CFR-2 with 9# salt per sack. ~~Cement~~ circulated. Tested casing with 1500#, held okay. WOC 62 hours.

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

SIGNED [Signature] TITLE Div. Prod. Supt. DATE October 3, 1968

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: