

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 type="checkbox"/> Fee <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.

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 Coastal States Gas Producing Company	8. Farm or Lease Name Chambers
3. Address of Operator P. O. Box 235, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> 1980 FEET FROM THE <u>N</u> LINE AND 1980 FEET FROM THE <u>W</u> LINE, SECTION <u>29</u> TOWNSHIP <u>13 S</u> RANGE <u>33 E</u> NMPM.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4259.7'	12. County Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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: 10-19-68

10-25-68: Ran 138 joints 8 5/8" (81 jts 24" and 49 jts 32") 8R J-55 ST & C casing set at 4033'. Cemented with 300 sacks class "C" with 2% gel; cement circulated P D at 2:00 PM. Tested casing with 1000#; held OK. WOC 19 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 11-5-68
APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE NOV 1968
CONDITIONS OF APPROVAL, IF ANY: