NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION	(1)		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL. CO	DISERVATION COMMISSION	Effective 1-1-65
FILE	ile:	1.70%	
U.S.G.S.	•		5a. Indicate Type of Lease
LAND OFFICE			State State Oil & Gas Lease No.
OPERATOR			- L-549
CHARDY NOTICES AND DEPORTS ON MELLS			vinnininink
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPUSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT " (FORM C-101) FOR SUCH PROPOSALS.)			
OIL X GAS OTHER-			7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
Coastal States Gas Producing Company			State "27"
3. Address of Operator			9. Well No.
P. O. Box 235, Midland, Texas 79701			10. Field and Pool, or Wildcat
4. Location of Well	· ·		
UNIT LETTER H			
THE CAST LINE, SECTION 27 TOWNSHIP 148 RANGE 32 E NMPM.			
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
4298.3' GR			Lea
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANEON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JQB	<u></u>
		OTHER	
OTHER		L_J	
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	D <b>-</b> 19-68		
10 05 C) D	705		
	n 125 joints 8 5/8" (76 jts		
at 4045. Cemented with 300 sacks class "C" with 25 gel; cement circulated.			
PD @ 2:00 PM. Tested casing with 1000#; held OK. WOC 18.5 hours.			
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
18. I hereby certify that the information above is true and complete to the best of my knowledge and better			
SIGNED OUR	TITLE	Division Prod. Supt.	DATE 11-5-60
<del>- // /  </del>	9		
APPROVED BY	The TITLE	et y	DATE
CONDITIONS OF APPROVAL	, IF ANY:		

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