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NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSE	Effective 1-1-65	
FILE		· · • • · · ·	
U.S.G.S.	• ·.		Sa. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5. State Oil & Gas Lease No.
•			L-549
(DO NOT USE THIS FORM FOR PR USE "APPLICA	RY NOTICES AND REPOR SON	WELLS	
1.		· · · · · ·	7. Unit Agreement Name
OIL GAS WELL	OTHER-	·	
2. Name of Operator	8. Farm or Lease l'ame		
Coastal States Gas Pr	State "27"		
3. Address of Operator	9. Well No.		
P. O. Box 235, Midla	1		
4. Location of Well	10. Field and Pool, or Wildcat		
UNIT LETTER H	Undesignated		
UNIT LETTER	FEET FROM THE	CINE AND PEET PE	
east the sect	14S	BANGE 32E	
	12. County		
\mathbf{V}	Lea		
^{16.} Check	Appropriate Box To Indicate N	ature of Notice. Report or (Other Data
	INTENTION TO:	-	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANCON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER	·
OTHER			
•••••••• <u>•</u> •••••••••••••••••••••••••••			

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.

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SPUD DATE: 10-19-68

10-19-68: Ran 13 joints of 40# H-40 13-3/8" casing set at 400'. Cemented with 400 sacks of Class "H" with 2% CaCl. Cement circulated. PD at 9:30 a.m. Tested casing with 1000#, held okay. WOC 13 hours.

CASING WAS CEMENTED WITH OPTION NO. 2 AS FOLLOWS:

- 1. Volume of cement slurry 600 cu.ft.
- 2. Lone Star Class "H" cement with 2% CaCl.
- 3. Approximate temperature of slurry 80°.
- 4. Estimated minimum formation temperature 95° .
- 5. Estimate of strength at time of testing 1020# per sq. in.
- 6. Actual time in place prior to starting cement test 13 hrs.

18. I hereby certify that the information above is true and complet	e to the bes	st of my knowledge and belief.		
SIGNED UP Commend	TITLE	Div. Prod. Supt.	DATE_	10-28-68
APPROVED BY	TITLE	SLIPERVISOR DISTRICT	DATE _	· · ·