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NEW MEXICO OIL CONSERVATION COMMISSION

Form O-186
 Supersedes Old
 O-182 and O-183
 Effective 1-1-65

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. B-10980
7. Unit Agreement Name -
8. Form or Lease Name State "32" Com.
9. Well No. 2
10. Field and Pool, or Wildcat Undesignated
12. County Lea

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.
 SEE APPLICATION FOR PERMIT L-1 (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER
2. Name of Operator Coastal States Gas Producing Company
3. Address of Operator P. O. Box 235, Midland, Texas 79701
4. Location of Well UNIT LETTER C 660 FEET FROM THE north LINE AND 1980 FEET FROM west LINE SECTION 32 TOWNSHIP 13S RANGE 33E N.M.P.M.
11. Elevation (Show whether DF, RT, CR, etc.) 4272' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	OTHER ☐

17. Describe Proposed or Ongoing Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 100.

SPUD DATE: 10-21-68

11-19-68: Ran 314 joints of 5-1/2" casing (as below). Casing set at 9940'. Cemented with 200 sacks of Class "C", 1:1 Posmix, .5 of 1% CFR-2, 4% gel, and 9# salt per sack. Plugged down at 12:00 p.m. Tested casing with 1800#, held okay. WOC 98 hours.

No. Joints	Description
122	5-1/2", 15.5 8R J-55 ST&C
42	5-1/2", 15.5 8R J-55 LT&C
23	5-1/2", 17 8R J-55 LT&C
70	5-1/2", 17 8R N-80 ST&C
57	5-1/2", 17 8R N-80 LT&C

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

SIGNED *John Howard* TITLE Div. Prod. Supt. DATE January 20, 1969

APPROVED BY *John Howard* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: