

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

STAMP IN THE MIDDLE  
(Other instructions on reverse side)

Form 100-100  
Budget Bureau No. 42-R1424

**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—" for such proposals.)

<b>1. OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		<b>5. LEASE DESIGNATION AND SERIAL NO.</b>  NM-2842-A																				
<b>2. NAME OF OPERATOR</b> Coastal States Gas Producing Company		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>  -																				
<b>3. ADDRESS OF OPERATOR</b> P. O. Box 235, Midland, Texas 79701		<b>7. UNIT AGREEMENT NAME</b>  -																				
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <div style="text-align: center; margin-top: 10px;">                     1430                      1980' FNL &amp; 660' FWL of Sec. 20                 </div>		<b>8. FARM OR LEASE NAME</b> Federal "20"																				
<b>14. PERMIT NO.</b> -		<b>9. WELL NO.</b> 3																				
<b>15. ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 4258.2 GL		<b>10. FIELD AND POOL, OR WILDCAT</b> Undesignated																				
<b>16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data</b>		<b>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 20, T13S, R33E																				
<table style="width:100%; border: none;"> <tr> <td colspan="2" style="text-align: center; border: none;">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align: center; border: none;">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td style="width:25%; border: none;">TEST WATER SHUT-OFF <input type="checkbox"/></td> <td style="width:25%; border: none;">PULL OR ALTER CASING <input type="checkbox"/></td> <td style="width:25%; border: none;">WATER SHUT-OFF <input checked="" type="checkbox"/></td> <td style="width:25%; border: none;">REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">FRACTURE TREAT <input type="checkbox"/></td> <td style="border: none;">MULTIPLE COMPLETE <input type="checkbox"/></td> <td style="border: none;">FRACTURE TREATMENT <input type="checkbox"/></td> <td style="border: none;">ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">SHOOT OR ACIDIZE <input type="checkbox"/></td> <td style="border: none;">ABANDON* <input type="checkbox"/></td> <td style="border: none;">SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td style="border: none;">ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">REPAIR WELL <input type="checkbox"/></td> <td style="border: none;">CHANGE PLANS <input type="checkbox"/></td> <td colspan="2" style="border: none;">(Other) _____</td> </tr> </table>		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>	FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____		<b>12. COUNTY OR PARISH</b> Lea
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<b>17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS</b> (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*		<b>13. STATE</b> N. M.																				

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

**17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS** (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Spud Date: 11-17-68

11-17-68: Ran 11 joints of 13-3/8" 48# 8R H-40 ST&C Casing set at 362'.  
Cemented w/400 sacks of Class "H", 2% CaCl. P.D. at 1:00 a.m.  
Tested Casing w/1050#, held OK. WOC 18 hours Cement circulated.

**18. I hereby certify that the foregoing is true and correct**

SIGNED J. L. Gordon TITLE Div. Prod. Supt. DATE 11-27-68

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

**APPROVED**

\*See Instructions on Reverse Side

DEC 5 1968

J. L. GORDON  
ACTING DISTRICT ENGINEER