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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. L-522
7. Unit Agreement Name -
8. Farm or Lease Name State "27"
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. 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"/>
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 <u>P</u> <u>660</u> FEET FROM THE <u>south</u> LINE AND <u>660</u> FEET FROM THE <u>east</u> LINE, SECTION <u>27</u> TOWNSHIP <u>14S</u> RANGE <u>32E</u> NMPM.
15. Elevation (Show whether DF, RT, GH, etc.) 4302' GR

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 JOBS ☒
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: 1-1-69

1-29-69: Ran 312 joints of 5-1/2" casing set at 10,009'. Cemented with 200 sacks of Class "C" 1:1 Posmix, 2% gel, .5% CFR-2, 9# salt per sack. Plugged down at 11:40 a.m. Tested casing with 1200#, held okay. WOC 72 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 February 3, 1969
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____