

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPI  
(Other instructions  
verse side)

Form approved.  
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM -- 2842-A
2. NAME OF OPERATOR Coastal States Gas Producing Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 235 Midland, Texas	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	8. FARM OR LEASE NAME Federal "20"
14. PERMIT NO. 2080' FNL & 2080' FEL, Sec. 20	9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4259.5'	10. FIELD AND POOL, OR WILDCAT Lazy "J" Penn
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 20, T-13-S R-33-E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

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) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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: 12/28/68

12/28/68: Ran 12 joints of 13-3/8" 48# 8R J-55 ST & C casing set @ 375'. Cemented with 400 sacks Class "H" 2% CaCl. Cement circulated. Plug down @ 7:30 a.m. Tested casing with 1050#, held okay. WOC 18.75 hrs.

1/2/69: Ran 120 joints of 8-5/8" (74 joints 24# & 46 joints 32#) 8R J-55 ST & C casing set @ 4075'. Cemented with 300 sacks Class "C" 2% gel. Plug down @ 1:30 p.m. Tested casing with 1200#, held okay. WOC ~~18.75~~ 23-1/2 hours.

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

SIGNED *J. L. Gordon*

TITLE Division Production Supt.

DATE 1/6/69

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

JAN 15 1969

\*See Instructions on Reverse Side J L GORDON  
ACTING DISTRICT ENGINEER