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NEW MEXICO OIL CONSERVATION COMMISSION

JUN 26 2 34 PM '69

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. <b>K-6607</b>	

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"/>	7. Unit Agreement Name
2. Name of Operator <b>Coastal States Gas Producing Company</b>	8. Farm or Lease Name <b>State 1</b>
3. Address of Operator <b>c/o Oil Reports &amp; Gas Services, Box 763, Hobbs, New Mexico</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>H</b> , <b>1874</b> FEET FROM THE <b>North</b> LINE AND <b>554</b> FEET FROM THE <b>East</b> LINE, SECTION <b>1</b> TOWNSHIP <b>14 S</b> RANGE <b>32 E</b> NMPM.	10. Field and Pool, or Wildcat <b>Undes. Baum Upper Penn</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4283.5 GR</b>	12. County <b>Lea</b>

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Cemented 5 1/2" 17# N-80 & J-55 casing at 10,125 with 200 sacks Incor Pommix, 2% gel, 0.5% CFR-2, 9# salt per sack. Plug down 12:45 A.M. 6/12/69. WOC 48 hours, tested with 1,000# for 30 minutes, test O.K.

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

SIGNED <u>Wanda Hollis</u>	TITLE <u>Agent</u>	DATE <u>6/26/69</u>
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		