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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-523

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 Coastal States Gas Producing Company	8. Farm or Lease Name State "34"
3. Address of Operator P. O. Box 235, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER H , 1980 FEET FROM THE north LINE AND 710 FEET FROM THE east LINE, SECTION 34 TOWNSHIP 14S RANGE 32E NMPM.	10. Field and Pool, or Wildcat Undes. Tulk (Penn)
15. Elevation (Show whether DF, RT, GR, etc.) 4292.8' GR	12. County Lea

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:

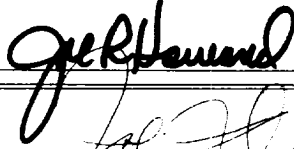
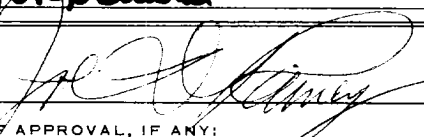
REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

SPUD DATE: 3-2-70

3-8-70: Ran 111 joints 8-5/8" 24# & 32# casing set @ 4050'. Cemented w/300 sxs Class "C" w/2% gel. Tested w/1500#. Held okay. PD @ 7:30 p.m. 3-8-70. WOC 18hours.

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

SIGNED 	TITLE Division Production Manager	DATE 3-9-70
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		