NO. OF COPIES RECEIVED							
				Form C-103			
DISTRIBUTION]			Supersedes Old			
SANTA FE		CO OIL CONSERVATIO	ON COMMISSION	C-102 and C-103 Effective 1-1-65			
FILE	1						
U.S.G.S.				5a. Indicate Type of Lease			
LAND OFFICE				State 🔀 Fee			
OPERATOR]			5. State Oil & Gas Lease No.			
				L-110			
SUNDF	RY NOTICES AND RI	EPORTS ON WELLS					
(DO NOT USE THIS FORM FOR PR USE "APPLICAT	OPOSALS TO DRILL OR TO DE (ION FOR PERMIT " (FORM	EPEN OR PLUG BACK TO A D C-101) FOR SUCH PROPOSA	IFFERENT RESERVOIR. LS.)				
1. 🕎				7. Unit Agreement Name			
OIL GAS WELL							
2. Name of Operator Coastal States Gas	8. Farm or Lease Name State "36" 9. Well No.						
3. Address of Operator P. O. Box 235, Midland, Texas 79701							
	and, IEX48 /7/1	JI .		2			
4. Location of Well				10. Field and Pool, or Wildcat			
UNIT LETTER,	1980		1980	Undes. Baum (Up. Penn)			
	• •						
THE LINE, SECTI	36 ION TOWN	LJD SHIP RAI	32ENMP				
	*****	*******					
	15. Elevation	(Show whether DF, RT, C	GR, etc.)	12. County			
	15. Elevation 429	(Show whether DF, RT, C 2.6 ¹ GR	GR, etc.)	12. County Lea			
	429	92.6' GR		Lea			
16. Check	429	92.6' GR	f Notice, Report or O	Lea Aller Data			
16. Check	Appropriate Box To	92.6' GR	f Notice, Report or O	Lea			
16. Check	Appropriate Box To NTENTION TO:	D2.6' GR	f Notice, Report or O SUBSEQUEN	Lea ther Data IT REPORT OF:			
16. Check NOTICE OF II	Appropriate Box To NTENTION TO:	Dabandon Remedia	f Notice, Report or O SUBSEQUEN	Lea ther Data IT REPORT OF: ALTERING CASING			
16. Check NOTICE OF II PERFORM REMEDIAL WORK	429 Appropriate Box To NTENTION TO: Plug And	DABANDON REMEDIA	f Notice, Report or O SUBSEQUEN L WORK	Lea ther Data IT REPORT OF:			
16. Check NOTICE OF II	Appropriate Box To NTENTION TO:	D ABANDON REMEDIA CABANDON CASING T	Notice, Report of O SUBSEQUEN L WORK Te drilling opns.	Lea ther Data IT REPORT OF: ALTERING CASING			
16. Check NOTICE OF II PERFORM REMEDIAL WORK	429 Appropriate Box To ntention to: plug and change f	D ABANDON REMEDIA CABANDON CASING T	f Notice, Report or O SUBSEQUEN L WORK	Lea ther Data IT REPORT OF: ALTERING CASING			

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: 5-4-70

5-5-70: Ran 365' 13-3/8" 48# csg set @ 365'. Cemented w/350 sxs Class "H", 2% gel, 2% CaCl. Cement circulated. Tested w/1000#. Held okay. PD @ 2:00 a.m. 5-5-70. WOC 16 hours.

Casing was cemented w/Option 2 as follows:

- 1. Volume of slurry 600 cu. ft.
- 2. Lone Star Class "H" w/2% CaCl.
- 3. Approximate temperature of slurry 82°
- 4. Estimated minimum formation temperature 92°
- 5. Estimate of strength @ time of test 1000# psi
- 6. Actual time in place prior to starting cement test 16 hours

18. I hereby certify that the information above is true and complete	to the b	est of my knowledge and belief.				
SIGNED SIGNED	TITLE	Division Production Manager	DATE_	May 6,	1970	
APPROVED BY AN CHARLY.	TITLE_	UPERVISOR DISTNIC	DATE	MAY	11	1 97 ()
CONDITIONS OF APPROVAL, IF ANY:			-			