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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.	
K-4807	

**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	8. Farm or Lease Name
Coastal States Gas Producing Company	State "31"
3. Address of Operator	9. Well No.
P. O. Box 235, Midland, Texas 79701	3
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER <u>E</u> , <u>1980</u> FEET FROM THE <u>north</u> LINE AND <u>660</u> FEET FROM	Undes. Baum (Upper Penn)
THE <u>West</u> LINE, SECTION <u>31</u> TOWNSHIP <u>13S</u> RANGE <u>33E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4283' GR	Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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: 6-20-70**

**7-15-70:** Ran 306 jts 5-1/2" 17# csg set @ 10,000'. Cemented w/200 sxs Incor poz w/2% gel, .5% CFR-2 and 9# salt/sx. Tested w/2000#. Held okay. PD @ 6:45 a.m.  
7-15-70. WOC 36 hours.

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

SIGNED James B. Shepherd TITLE Operations Supervisor DATE July 16, 1970

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE 10-10-1971

CONDITIONS OF APPROVAL, IF ANY: