

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

88240

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 Form 9-331-C for such proposals.)

1. oil ☒ well ☐ gas well ☐ other

2. NAME OF OPERATOR
Coastal Oil & Gas Corporation

3. ADDRESS OF OPERATOR
P. O. Box 235 Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FWL & 1980' FSL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON* Temporary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(other)		

5. LEASE
NM 2842 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal "20"

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
Baum (U. Penn)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
20, T-13-S, R-33-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4269 GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

4-22-86 Moved off pumping unit.
4-23-86 MIRU Well Servicing Unit. POOH w/rods and tubing.
4-24-86 Set CIBP @ 9642' (top perf @ 9720'). Circ hole w/treated water. Pressure test plug to 500 psi, OK. SDFN.
4-25-86 RD Pulling unit. Cleaned location. Well TA

APPROVED FOR 12 MONTH PERIOD
ENDING 5/15/87

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Bobby L. Smith TITLE Petroleum Engineer DATE 5-12-86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE 5-14-86