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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Form C-101
Revised 12/1/55

NOTICE OF INTENTION TO DRILL

Notice must be given to the District Office of the Oil Conservation Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in QUINTUPLICATE. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission. If State Land submit 6 Copies. Attach Form C-128 in triplicate to first 3 copies of Form C-101.

Abilene, Texas

(Place)

December 21, 1964

(Date)

OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Gentlemen:

You are hereby notified that it is our intention to commence the Drilling of a well to be known as

Coastal States Gas Producing Company's

(Company or Operator)

W. Lovington

(Lease)

1-12

A

(Unit)

The well is

located **660'** feet from the **North** line and **660** feet from the

East

line of Section **12**, T **17S**, R **35E**, NMPM.

(GIVE LOCATION FROM SECTION LINE)

Undesignated

Pool, **Lea**

County

D	C	B	X
E	F	G	H
L	K	J	I
M	N	O	P

If State Land the Oil and Gas Lease is No. **E-9038**

If patented land the owner is _____

Address _____

We propose to drill well with drilling equipment as follows: **Rotary Rig**

The status of plugging bond is **Filed**

Drilling Contractor **Contract Not Let**

We intend to complete this well in the **Pennsylvanian** formation at an approximate depth of **10,300** feet.

CASING PROGRAM

We propose to use the following strings of Casing and to cement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
17"	13-3/8"	48#	New	300'	Circulate
11"	8-5/8"	32 & 24#	"	4500'	450
7-7/8"	4-1/2"	9.5# & 11.6#	"	10,300'	300

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

Approved _____, 19____
Except as follows:

Sincerely yours,

COASTAL STATES GAS PRODUCING COMPANY

(Company or Operator)

By _____

Position **Production Superintendent**

Send Communications regarding well to

Name **Coastal States Gas Producing Co.**

Address **P. O. Box 2498, Abilene, Texas**

OIL CONSERVATION COMMISSION

By _____