Do not use this for	DEPARTMENT C	r to deepen or reentry t	1625 N. Frenc Hobbs, NM 8 LS o a different reservoir.	824 Gease Designation and Serial No. LC 032650B 6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE				7. If Unit or CA, Agreement Designation	
3. Address and Telephone No. P.O. Box 37 4. Location of Well (Footage Unit Letter Section 24	109 Midland, Te , Sec., T., R., M., or Survey Descrip r A, 660' FNL, 6 , Township 25 So	xas 79702 (91 <sup>tion)</sup> 60' FEL uth, Range 37		8. Well Name and No. A.B. Coates "C" #2 9. API Well No. 30-025-11724 10. Field and Pool, or Exploratory Area Langlie Mattix 7 RVrs. Q Grayburg 11. County or Parish, State Lea, New Mexico	
	12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION				
<ul> <li>13. Describe Proposed or Com give subsurface locati</li> <li>1. RIH Tag To</li> <li>2. Spot 25 SX</li> <li>3. Spot 25 SX</li> <li>4. Spot 25 SX</li> <li>5. Spot 10 SX</li> </ul>	ndonment Notice pleted Operations (Clearly state all performs and measured and true vertical de bc on CIBP+ 3,270 K plug 2,400' - K plug 1,200' - K plug 500' - 30	puts for all markers and zones pert D' Displace ho 2,200' (B-salt 1,000' (T-salt)	s, including estimated date of start inent to this work.)* ole w/MLF 9.5# Yates) WOC Ta WOC Tag	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) ting any proposed work. If well is directionally drilled, brine with 25# gel P/Bi	
Conditions of approval, if	State office use) S. SGD.) DAVID R. GL/ any: Matter in a crime for any person know	Title	EUM ENGINEER	Date <u>E/21/00</u> Date <u>SEP 0 1. 2000</u> ted States any false, fictitious or fraudulent statements	

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