TEST W FRACTO SHOOT

REPAIR WELL

(Other)

D STATES SUBMIT IN TRIPL DEPARTMEN. OF THE INTERIOR (Other in verse side) instructions

Form approved. Budget per au No. 42-R1424. 5. LEASE DESCRIPTION AND SERIAL NO.

\_0.192367

GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELL	<b>SUNDRY</b>	NOTICES	AND	REPORTS	ON	<b>WELLS</b>
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INDIAN, ALLOTTEE OR TRIBE NAME (1)... not we this form for proposals to deill or to deepen or plug back to a different reserved?

(1)... "APPLICATION FOR PERMIT—" for such proposals.)

the state of the s	
1.	7. UNIT AGREEMENT NA. 3
GIL GAS X OTHER	
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
	Gulf Fodoral

Coquina Oil Corporation 9. WELL NO. 1 200 Bldg. of Southwest Midland, IX. 79701 LOCATION OF WELL (Report location clearly and in accordance with any State requires See also space 17 below.) 6601 EM & EL Soc. 5 10. FIELD AND POOL, OR WILDCAT

ECEIV D 660' FN & EL, Sec. 5 Wildcat 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec.5, T19S, R27E 12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. Eddy

New Mexico

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G.L. 3329 Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16.

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:					
ATER SHUT-OFF		FULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
RE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
OR ACIDIZE		VRVNDON*		SHOOTING OR ACIDIZING	Activity	ABANDONMENT*	ļ.—
WELL	1	CHANGE PLANS		(Other)	MCLIVIL.	x vehour	Λ_

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 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.)\*

This well has been shut in since completion, 2-3-74, waiting on gas contract. This activity report is filed as required by the Oil Conservation Commission on any well shut in for longer than 180 days.

18. I hereby certify that the foregoing is true and correct 10-29-74 Engineer SIGNED TITLE ANY: TITLE WELL MUST (This space for Federal or State office use) APPROVEO BY CONDITIONS OF ATPROVAL, IF ANY: BE PUT TO BENEFICAL DCT APRIL OCT

\*See Instructions on Reverse Side