

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN THE  
(Other instructions on reverse side)(CATE\*  
on re-Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM - 0214624

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Superior Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Atoka, Morrow, West (Gas)

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 1; T-18-S; R-25-E

12. COUNTY OR PARISH

Eddy

13. STATE

N. Mex.

## 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--" for such proposals.)

1.

OIL WELL ☐ GAS WELL ☒ OTHER

RECEIVED

2. NAME OF OPERATOR

Coquina Oil Corporation

JUL 3 1973

3. ADDRESS OF OPERATOR

200 Building of the Southwest, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

ARTOCIA, OFFICE

1980' FNL &amp; 1980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3437' G. L.

16.

## Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

X

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Spudded well @ 12:00 noon 6-26-73 with rotary tools instead of cable tools, remainder of program unchanged, verbal approval previously granted.

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

SIGNED

TITLE Superintendent

DATE 6-27-73

(This space for Federal or State Office Use)

APPROVED BY

TITLE

DISTRICT ENGINEER

DATE

JUL 2 1973

CONDITIONS OF APPROVAL, IF ANY: