U' TED STATESM. O. C. C. COPY SUBMIT IN TRI DEPARTML . I OF THE INTERIOR (Other Instruction verse side)

CATE*

Form approved.

Budget Bureau No. 42-R1424

	DEPARTML IT OF THE INTERIO	₩ verse side)	5. LEASE DESIGNATION AND SERIAL NO.	
	GEOLOGICAL SURVEY		NM-0214624	
	SUNDRY NOTICES AND REPORTS OF COME OF THE PROPERTY OF THE PROP		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1.	OIL GAS OTHER	*	7. UNIT AGREEMENT NAME	
2.	NAME OF OPERATOR	FFB 1 5 1974	8. FARM OR LEASE NAME	
	Coquina Oil Corporation		Superior Federal	
3.	ADDRESS OF OPERATOR		9. WELL NO.	
	200 Bldg. of Southwest, Midland, Texas 7	970 POLICE	2	
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)		10. FIELD AND POOL, OR WILDCAT	
	At surface	Atoka, Morrow, West-(Gas		
	1980 FS&WL, Sec. 1, T18S, R25E		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
14.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT G.L. 3447	г, gr, etc.)	Sec.1, T18S, R25E 12. COUNTY OF PARISH 13. STATE Eddy N.M.	
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
			ENT REPORT OF:	
	TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS (Other)	Completion or Recomple	REPAIRING WELL ALTERING CASING ABANDONMENT* of multiple completion on Well etion Report and Log form.)	
17.	DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent d proposed work. If well is directionally drilled, give subsurface location nent to this work.)*	details, and give pertinent dates, is and measured and true vertical	including estimated date of starting any l depths for all markers and zones perti-	

Ran 2 3/8" tubing. Set @ 8450'. Perforated 2 JSPF 8434-40 and 8442-45 on January 15, 1974. Completed natural.

Waiting on results of CAOF test prior to filing completion report.

RECEIVED

FEB 1 4 1974

U.S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct		
SIGNED D. C. Radtke)	TITLE Engineer	DATE 2-13-74
(This space for Federal or State office use)		,
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

*See Instructions on Reverse Side