9/5F

Form 9–331
Dec. 1973

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY

MAY 27 1985

O. C. C.
ARTESIA OFFICE

Form Approved.
Budget Bureau No. 42–R1424

5. LEASE
NM-050364-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Form 9–331–C for such proposals.)

1. oil well ☐   gas well ☒   other _____

2. NAME OF OPERATOR
Coquina Oil Corporation

3. ADDRESS OF OPERATOR
P. O. Drawer 2960 Midland, Tx 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Pan Canadian

9. WELL NO.
#1

10. FIELD OR WILDCAT NAME
North Cemetary Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 34, T19S, R25E

12. COUNTY OR PARISH   13. STATE
Eddy   NM

14. API NO.
N/A

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

15. ELEVATIONS (SHOW DF, KDB, AND WD)
GL 3521'

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☒
(other) _____

SUBSEQUENT REPORT OF:
☐
☐
☐
☐
☐
☐
☐
☐

(NOTE: Report results of multiple completion or zone change on Form 9–330.)

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.)*

Plan to set CIBP at approximately 9175' in 5 1/2" casing with 35' cement on top of BP (Morrow perfs 9236-9318'. Pkr in hole at 9180' which cannot be pulled). Then set CIBP in 5 1/2 at approximately 8800' with 35' cmt on top of BP (Atoka perfs 8838-8922'). Tubing will be removed from well and all casing will be left in well as we wish to retain the well for future use as an SWD well. Verbal approval given 5/7/85 by Bob Privett.

APPROVED FOR 3 MONTH PERIOD

ENDING 8/10/85

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _B Taylor_   TITLE Prod Supt   DATE 5/7/85

(This space for Federal or State office use)

APPROVED BY _Don Work_   TITLE ____   DATE 5-24-85
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side