

RECEIVED BY UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MAY 27 1985

SUBMIT IN TRIPLICATE
(Other instructions on
verse side)

Form approved.
Budget Bureau No. 1004-013
Expires August 31, 1985 **ESF**

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.)
ARTESIA, OFFICE

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR **Coquina Oil Corporation**

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' FNL & 1980' FWL

14. PERMIT NO. **N/A**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GL 3521'

5. LEASE DESIGNATION AND SERIAL NO.
NM-0504364-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Pan Canadian

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
North Cemetary Morrow

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

12. COUNTY OR PARISH **Eddy** 13. STATE **NM**

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>		
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>		
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>		
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>			

(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.)*

5-9,10-85: Pulled tubing and laid down. Set CIBP via WL in 5 1/2 at 9175' with 35' cmt on top. Set CIBP in 5 1/2 via WL at 8800' with 35' cmt on top. Installed well head & SI well. Holding well for use as a future SWD well. Operations completed on 5/10/85. No casing was removed from well. Well has quit producing gas and is now IA (partially P & A).

APPROVED FOR 3 MONTH PERIOD
ENDING 8/10/85

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

SIGNED J. B. Taylor TITLE Prod Superintendent DATE May 10, 1985

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE AT

MAY 22 1985

*See Instructions on Reverse Side

CARLSBAD, N.E., MEXICO