

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPY SUBMIT IN DUPLICATE *

(See _____ in
 _____ on
 reverse side.)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR
Coquina Oil Corporation

3. ADDRESS OF OPERATOR
200 Bldg. of the Southwest, Midland, Texas 79701 0.3.0

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface 660' FN & EL, Sec 5, T-19-S, R-27-E

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR
PARISH
Eddy

3. STATE

New Mexico

15. DATE SPOOLED 11-27-73	16. DATE T.B. REACHED 1-14-74	17. DATE COMPL. (Reentry to prod.) 2-8-74	18. ELEVATION (OF, RKB, RT, GR, ETC.) * G.L. 3329	19. ELEV. CASINGHEAD
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20. TOTAL DEPTH, MD & TVD 9980	21. PLUG, BACK T.D., MD & TVD 9910	22. IF MULTIPLE CORREL., HOW MANY?	23. INTERVALS DRILLED BY → 0-9980	ROTARY TOOLS	CABLE TOOLS
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24. PRODUCE INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND FID)*	25. WAS DIRECTIONAL SURVEY MADE
Morrow 9618-9630	NO

26. TIME ELECTRIC AND OTHER LOGS RUN	27. WAS WELL CORED
Gamma Ray - Formation Density/Compensated Neutron; Dual Induction	No

Casing Record (Report all strings set in well)					
Casing Size	Weight, lb./ft.	Depth Set (MD)	Wells	Connecting Record	Amount Pulled
13 3/8	48&61	353	17 1/2	450 sx L.Wt. 100 sx Class	C None
8 5/8	24&28	2300	12 1/4	1000 sx L.Wt 100 sx Class	C None
5 1/2	17	9980	7 7/8	900 sx Class H	None

29. LINER RECORD					30. TUBING RECORD		
DATE	TIME (MD)	POSITION (MD)	DEPTH (MD)	DEPTH (MD)	SIZE	WEIGHT (MD)	PACKED SET (MD)
					2 3/8	9638	9597

9517-9630 2 JSPE 9518-9630 Completed Natural

FEB 6 1974
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DATE OF PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumpjack, etc. and type of pump)	WELL STATUS (Producing or shut in)
2-3-74	Flowing	Shut in

DATE OF TEST	WINDS TESTED	WINDS SIZE	WINDS NO. OF T. READING	WINDS LABEL	WINDS NUMBER	WINDS REL.	WINDS PERIOD
2-8-74	6 1/2	Various	1	None	448.7	None	--
DATE OF WINDS TEST	WINDS TESTED	WINDS SIZE	WINDS NO. OF T. READING	WINDS LABEL	WINDS NUMBER	WINDS REL.	WINDS PERIOD
Various	6 1/2	Various	1	None	3125	None	--

31. DISPOSITION OF THE REMAINS OF THE DECEASED	TEST WITNESSED BY
Vented	Spruell

Deviation Survey, Logs, Back Pressure Test, DST Information

2-22-74

* (Yes) _____ (No) _____ (See) _____ (Other) _____

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:			38. GEOLOGIC MARKERS	
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH
				TRUE VERT. DEPTH
DST'S ATTACHED			Queen	972
			Grayberg	1295
			San Andres	1675
			Glorieta	3425
			Yeso	3615
			1st B.S. Sd	3955
			Bone Spring LS	4164
			2nd B.S. Sd	5428
			3rd R.S. Sd	6980
			Wolfcamp	7590
			Cisco	7997
			Canyon ?	8592
			Strawn	8995
			Atoka	9197
			Morrow LS	9445
		Morrow Clastics	9588	
		Barnett	9756	
		Chester LS	9937	