

NM OIL CONS. COMMISSION

Drawer P

Artesia, NM 88210

Form 9-331
Dec. 1973

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

Form Approved
Budget Bureau No. 42-R1424

RECEIVED

5. LEASE

NM0504364-B

JAN 13 1984

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

16. FARM OR LEASE NAME

Pan Canadian

9. WELL NO.

#2

10. FIELD OR WILDCAT NAME

Seven Rivers (Yeso)

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

AREA 25
Sec. 34, T19S, R34E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
GL 3517, KB 3526

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 ☒ gas ☐ 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. See space 17 below.)

AT SURFACE: 660' FEL & 1980' FNL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

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:

☒ Setting Surface Casing

(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.)*

Spudded 2 pm, 12-31-83.

Drilled 12 1/4 hole to 1253': Ran 8 5/8 24# J55 casing

- Landed at 1249.06' cmtd with 450 sx Howco Lite followed by 150 sx Class C. PD 7 pm, 1-3-84. Cmt did not circ. Ran temp survey - top cmt. 70; ran 1" - cmtd 8 5/8 X 12 1/4 annulus with 50 sx Class C 2% cc. Cmtd to surface. Job complete 5:40 am, 1-4-84.

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

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

SIGNED J.B. Taylor TITLE Production Engineer DATE 1-6-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JAN 12 1984