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NV OIL COMS. COMMISSION

5. LEAS

Draser DD Artesia, NM 88210 MAR 28 1984

Budget Bureau No. 42-11424
ARTESIA, OFFICE

0/87

Form 9-331 Dec. 1973

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	NM0504364-B		
GEOLOGICAL SURVEY	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.)	7. UNIT AGREEMENT NAME		
	8. FARM OR LEASE NAME		
1. oil gas cother self-self-self-self-self-self-self-self-	Pan Canadian A		
2. NAME OF OPERATOR	2		
Coquina Oil Corporation	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR	A.J. Seven Rivers (Yeso)		
P.O. Drawer 2960 Midland, Texas 79702 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T19S, R25E		
AT SURFACE: 660' FEL & 1980' FNL	12. COUNTY OR PARISH 13. STATE		
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Eddy New Mexico		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API ÑO.		
	15. ELEVATIONS (SHOW DF, KDB, AND WD) GL 3517, KB 3526		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) To change lease name from Pan Canadian to I	(NOTE: Report results of multiple completion or zone change on Form 9–330.) Pan Canadian A		
17 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (OL			

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.)*



		MEXICO MEXICO	
Subsurface Safety Valve: Manu. and Type		Set @ Ft.	
18. I hereby certify that the foregoing is true signed ### ################################	Superintendent		.4
APPROVED (This space for Federal or State office use		-
conditions of app rov al, if any: MAR 2 6 1984			
	*See Instructions on Reverse Side		Post 32-3 3-30 84 Iky Will home