

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0504364-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Pan Canadian B

9. WELL NO.

#3

10. FIELD AND POOL, OR WILDCAT

Seven Rivers (Yeso)

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

Sec 34, T19S, R25E

12. COUNTY OR PARISH

Eddy

13. STATE  
New Mexico

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  
660' FNL & 785' FEL

14. PERMIT NO.  
No number

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
GL 3502', KB 3526'

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other) completion	<input type="checkbox"/>		<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.) \*

7/30/85: Ran GR-Comp Neutron correlation log from PBTD (8230') to surface.

9/3/85 to 9/17/85: Perf Yeso 2610-2665'. Acidized with 2500 gals. Fracced with 26,000 gals and 52,000# sand down 5 1/2" casing. Ran tubing to 2608'. Ran rods and pump and pumped to recover load water. On 9/17/85, ran potential test. Well ppd 65 BO + 41 BW in 24 hrs. Gas 20.2 MCFPD. GOR 312. Gravity 35.8°. Well complete, ready to begin producing.

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

SIGNED D. Patrick Dard

TITLE Production Engineer

DATE 9/18/85

(This space for Federal or State office use)

APPROVED BY SEP 18 1985  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side