Form approved. Budget Bureau No. 42-R1424. UNITED STATES

SUBMIT IN TRIPLICATE

Other instructions on reverse side) Form 9-331 (May 1963) 5. LEASE DESIGNATION AND SERIAL NO. NM-0400512 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 "APPLICATION FOR PERMIT—" for such proposals.) 7. UNIT AGREEMENT NAME RECEIVED OIL WELL GAS WELL OTHER Dry hole 8. FARM OR LEASE NAME 2. NAME OF OPERATOR SEP 2 6 1973 Denegre-Federal Coquina Oil Corporation, 9. WELL NO. 3. ADDRESS OF OPERATOR 200 Bldg. of Southwest, Midland, Texas LOCATION OF WELL (Report location clearly and in accordance with any State requirements. C. See also space 17 below.) 10. FIELD AND POOL, OR WILDCAT . 7 Wildcat 1980' FEL & 660' FNL, Sec. 31, T20S, R27E 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T20S, R27E
12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. N. M. G.L. 3214

(Other)

(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.)

χ

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

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

16.

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

NOTICE OF INTENTION TO:

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

T. D. 505'. Run tubing to 500' and set 50 sx. cement plug from 500' - 400'. Spot 50 sx. cement plug from 225' - 125'. Put 20 sx. in top of 13 3/8" casing. Install DHM.

RECEIVED

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

SEP 1 8 1973
U. S. GEOLOGIGAL SURVEY
ARTESIA, MEW MEXICO

18. I hereby certify that the foregoing is true and correct SIGNED	TITLE	Superintendent	DATE	9-17-73
(Phis space for Federal or State office use) APPROVED BY CONDETIONS OF APPROVAL, IF ANY:	TITLE		DATE	

*See Instructions on Reverse Side