Capity to St

NIVIOCC COPY	Form Approved.
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE NM 0490017
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 well well well other	ARCO Federal
2. NAME OF OPERATOR	
Coquina Oil Corporation V 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME (Cardinal Control of Cardinal Control of
400 North Marienfeld Midland, Texas 79701	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA 국국대교 (1997) Sec 8, T-21-S, R-26-E (1997)
AT SURFACE: 1980'FNL & 1980'FEL of Section 8	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Eddy ANAR New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
. 18	3257 GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORTOR:	
FRACTURE TREAT	Super states to be
REPAIR WELL	change on Form 9-330.)
	All a state of the
CHANGE ZONES	
	· · · · · · · · · · · · · · · · · · ·
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and
On 1/9/7 4 the workover began to test addition	nal perforations in the Morrow Sand.
A CIBP was set at 10,730' w/cmt to abandon the Morrow was perforated from 10,640-54' w/2 JSF	PF and was acidized with 500 gals of
71-9 "MS" acid Subsequent testing indicated	that this interval was wet and non-
commercial. The Morrow was abandonded with a was perforated at 10,102-109' w/2 JSPF and tr	reated w/1000 gais of 28% Hul. The CAUP
of this zone was conducted on 2/2/79 and was	559 MCFD. A copy of the CAUF and
Form 9-330 is included.	 Constraint of the second second
	가 있는 것 같은 것 같
Subsurface Safety Valve: Manu. and Type	Set @ Ft.

Subsurface Safety Valve: Manu. and Type	Set @
18. I hereby certify that the foregoing is true and correct SIGNED Rom Allonoan TITLE Production Managerbate	February 12, 1979
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	FEB 14 1979



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*See Instructions on Reverse Side