

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☐ 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. See space 17 below.)
AT SURFACE: 1980' FNL & 1980' FEL of Section 8
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:

RECEIVED

SEP 29 '88

O. C. D.
ARTESIA, OFFICE

5. LEASE
NM 0490017
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
--
7. UNIT AGREEMENT NAME
--
8. FARM OR LEASE NAME
Arco Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Avalon Atoka
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 8, T-21S, R-26E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
GL 3471'

(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.)*

Operations started 3/2/81. Set CIBP @ 9990'. Capped w/50' cmt. Tested Strawn zone through perforations @ 9522'-30'. Acidized w/500 gals 15% NE acid. Zone was water productive. Set CIBP @ 9500'. Capped w/50' cmt. Rigged up csg pullers, shot and pulled 6080' csg. Set additional plugs as follows:

PLUG #	# of Sacks	Set @
3	50 sx C1 H	6148-5840' (5-1/2" csg stub)
4	75 sx C1 H	4000-3800' (Tagged top-witnessed)
5	75 sx C1 H	2058-1902' (Bone Springs)
6	15 sx	8-5/8" csg seat
		At Surface

Cut-off wellhead and installed dry hole marker. Plug and Abandonment completed 3/14/81.

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

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

SIGNED Tom Hilburn TITLE Production Manager DATE 3/16/81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 9-28-88
CONDITIONS OF APPROVAL, IF ANY:

Post ID-2
10-14-88
P+P