

NMOCC COPY UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPL
(Other instructions
verse side)TE*
re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0400512

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

COQUINA FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

AVALON STRAWN

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

Sec. 31, T-20S, R-27E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. RECEIVED

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

MONSANTO COMPANY

JAN 12 1978

3. ADDRESS OF OPERATOR

1330 Midland NBT, Midland, Texas 79701

O.C.C.

4. LOCATION OF WELL (Report location clearly and in accordance with any applicable regulations.)
See also space 17 below.)

At surface

1980' FEL & 1980' FSL Section 31

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3224 Gr.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Recompletion in Strawn

(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.)*

Set CIBP @ 10,630' & dumped 20' cement on top (PBSD 10,610'). 12-30-77
Perforated Strawn interval from 9408 to 9415 with 15 holes, 9282 to 9287 with
11 holes and 9326-9330 with 9 holes.
Acidized with 3000 gallons of 15% acid.

1/6/78 Well tested: 10 BOPD, 365 MCF/GPD at 950# FTP.

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

SIGNED

TITLE Regional Prod. Mgr.

DATE 1/9/78

(This space for Federal or State office use)

APPROVED BY

TITLE

ACTING DISTRICT ENGINEER

DATE JAN 11 1978

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side