

UNITED STATES N. M. O. C. C. COPY  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
SUBMIT IN TRIPPLICATE  
(Other instructions re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-0540294	
2. NAME OF OPERATOR Coquina Oil Corporation ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 200 Building of the Southwest, Midland, Texas 79701		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FEL & 660' FNL, Sec. 29		8. FARM OR LEASE NAME Exxon B Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) G.L. 3414'		10. FIELD AND POOL, OR WILDCAT Und. Delaware	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-23-S, R-26-E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Surface casing & cementing <input checked="" type="checkbox"/>	
(Other) <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.)\*

Spudded well at 4:45 p.m., 4-30-74. Moved in rotary and drilled with rotary on 5-11-74. Drilled a 12 1/4" hole to 600'. Ran 17 jts of 8 5/8" 24# 8rd STC casing. Set at 590'. Cemented with 450 sacks Class C with 2% CaCl and 1/4# flocele per sack. Pumped plug down at 11:00 a.m., 5-12-74. Circulated 20 sacks to pits. Waited on cement 18 hrs. Drilled out from below surface casing with a 7 7/8" bit.

RECEIVED

MAY 15 1974

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct  
SIGNED D.C. Radtke (D.C. Radtke) TITLE Engineer DATE May 14, 1974  
(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*See Instructions on Reverse Side

APPROVED  
MAY 21 1974  
H. L. BECKMAN  
ACTING DISTRICT ENGINEER