

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ OTHER ☐

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESSVR. ☐

2. NAME OF OPERATOR

Coquina Oil Corporation

3. ADDRESS OF OPERATOR

200 Bldg. of the S.W., Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface

660' FWL & 1980' FNL Sec. 1

At top prod. interval reported below

Same depth

Same

14. PERMIT NO.

DATE ASSESSMENT

15. DATE SPUDDED 10-10-74

16. DATE T.D. REACHED 12-22-74

17. DATE COMPL. (Ready to prod.) 2-18-75

ELEVATIONS (DF, RSB, BT, GR, ETC.)*

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 12,100

21. PLUG, BACK T.D., MD & TVD 12,100

22. IF MULTIPLE COMPL., HOW MANY*

3267' G.L.

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

12,100

12,100

0-12100

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

12,013 - 12,022 Morrow

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Compensated Density, Radioactivity, Guard log

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	54.5#	199	17 1/2	210 sxs	None
8 5/8	24.0#	2235	12 1/4	1425 sxs	None
4 1/2	11.6, 13.5#	12100	7 7/8	500 sxs	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	12,043	11,987

31. PERFORATION RECORD (Interval, size and number)

12,013 - 12,022 w/ 2 JSPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
12,013 - 12,022	1000 gal 7 1/2% MSA
	4000 gal 7 1/2% LST

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
2-1-75		Flowing				SI	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2-18-75	4	Various	→	-0-	128	-0-	N.A.
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
Various	Pkr.	→	-0-	1345	-0-	N.A.	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

TEST WITNESSED BY

Spruell

35. LIST OF ATTACHMENTS

DST's, CAO, Deviation Survey Logs

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

D.C. Radtke

TITLE

Engineer

DATE

3-7-75

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH TRUE VERT. DEPTH
				Lamar	2115
				Del. Sand	2205
				Bone Spring	5600
				1st B.S. Sd	6300
				Wolfcamp	8974
				Strawn	10667
				Atoka	10942
				Morrow Ls.	11154
				Morrow Clas.	11463
				Barnett	12040