

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED	5. LEASE DESIGNATION AND SERIAL NO. NM-0540294-A
2. NAME OF OPERATOR Coquina Oil Corporation	DEC 7 '90	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 27725, Houston, Texas 77227-7725	ARTESIAN OFFICE	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' FNL & 1980' FEL of Sec. 21	Wt G	8. FARM OR LEASE NAME Philly Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3337.0 GR	9. WELL NO. 2
		10. FIELD AND POOL, OR WILDCAT Frontier Hill
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T-23-S, R-26-E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Completion Procedure <input checked="" 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.)

Prepare location; move-in and rig up completion equipment

Drill out DV tool and cement to desired PBD (must be at least 10,550' KB).

Run cement bond-PDC log; perforate Strawn zone from 10451' to 10535' KB.

Run completion assembly.

Treat and swab/flow to test and clean-up and test.

Shut-in well for pressure build-up; run 4 point isochronal test.

Note: If the production rate is not satisfactory, additional perforations will be added and the well treated/tested until commercial production is obtained.

RECEIVED
DEC 5 10 41 AM '90
CARLSBAD DISTRICT
AREA HEADQUARTERS

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

SIGNED

TITLE

Agent

DATE

12/3/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

12 6 90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side