

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-(13)  
Expires August 31, 1985

clsf

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"/>   |  | 7. UNIT AGREEMENT NAME  |
| 2. NAME OF OPERATOR<br>Coquina Oil Corporation   |  | 8. FARM OR LEASE NAME<br>Philly Federal                                     |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 27725, Houston, Texas 77227-7725   |  | 9. WELL NO.<br>2  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>1980' FNL & 1980' FEL of Sec. 21 |  | 10. FIELD AND POOL, OR WILDCAT<br>Frontier Hill                             |
| 14. PERMIT NO.   |  | 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA<br>Sec. 21, T-23-S, R-26-E |
| 15. ELEVATIONS (Show whether DF, RT, CR, etc.)<br>3337.0 GR  |  | 12. COUNTY OR PARISH<br>Eddy  |
|  |  | 13. STATE<br>N.M.   |

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DEC 20 '90

OFFICE

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"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETION <input type="checkbox"/>  |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |

(Other) Additional Perf's Lower Strawn XXX

|  |  |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |

(Other) ☐

(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.)

1. POH, GIH and set RBP at appx. 10,440' KB, dump 2 sacks of sand on top of plug.
2. Perforate Lower Strawn zone from 10,395' to 10,428' KB.
3. Acidize perforations as recommended by Halliburton.
4. Flow to clean-up and test.
5. Run flow and shut-in tests.

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

SIGNED Sheryl A. Jones

TITLE Agent

DATE 12/11/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side