

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐  
well well  
2. NAME OF OPERATOR  
Coquina Oil Corporation ✓  
3. ADDRESS OF OPERATOR  
P. O. Drawer 2960, Midland, Texas 79702  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FNL and 1980' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) X Spud Date and Run Casing	

5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Harroun Com.

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Undes. (Dublin Ranch Morrow)

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

Sec. 33, T-22S, R-28E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3064' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

The well spudded at 10:00 p.m. 1/1/81.

10 jts 20" 8rd H-40 91.5# STC Casing 391'  
Set Casing @ 394'

Cmt'd w/950 sx C1 C w/2% CaCl & 3# gilsonite/sx. Circ 250 sx to pit. WOC 18 hrs. Cut off cond. NU BOP's. Drld to shoe. Tstd csg to 750 psi for 30 min. Held o.k. Drld shoe. Now drlg.

63 jts 13-3/8" 61# J-55 STC Casing 2621'  
Set casing @ 2584'

Cmt'd w/1900 sx Liteweight w/10% salt, 5# gilsonite & 1/4# flocele/sx. Tailed w/200 sxs C1 C w/2% CaCl. Circ 350 sxs to surf. Max press 1500 psi. WOC 18 hrs. Cut off csg and NU BOP. Tstd BOP & Ck Manifold to 5000 psi, Hydril to 3500 psi. Held o.k. Now Drlg.

Subsurface Safety Valve: Manu. and type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Mike Williams TITLE Operations Manager DATE January 14, 1981

(This space for Federal or State office use)

APPROVED BY Mike Williams TITLE OIL AND GAS INSPECTOR DATE JAN 28 1981  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 22 1983

O. C. O.  
ARIZONA OFFICE