

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87508

Form C-103  
Revised 10-1-77

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5a. Indicate Type of Lease  
State ☐ For ☐  
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEX OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☒ OTHER- Dry Hole

1. Name of Operator  
Coquina Oil Corporation ✓  
2. Address of Operator  
P. O. Drawer 2960 Midland, Texas 79702

7. Unit Agreement Name  
8. Farm or Lease Name  
Grandi  
9. Well No.  
1

3. Location of Well  
UNIT LETTER E 1980 FEET FROM THE North LINE AND 660 FEET FROM  
THE West LINE, SECTION 22 TOWNSHIP 22S RANGE 27E NMPM.

10. Field and Pool, or Wildcat  
Undes South Carlsbad  
Morrow

15. Elevation (Show whether DF, RT, GR, etc.)  
3097.5 GR

12. County  
Eddy

13. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☒  
CHANGE PLANS ☐  
☐

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐  
☐

14. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Completion attempts have been made in the Morrow and Wolfcamp zones. No commercial production has been obtained. The following plugging procedure is planned.  
(1) Set CIBP @ 8965+ and cap with 35' cmt (Top of Wolfcamp @ 8960')  
(2) Cut and recover as much 5 1/2" casing as possible (TOC @ 7750').  
Spot a 100' plug across stub. Tag plug.  
(3) Spot a 100' plug 5464'-5564' (9 5/8" casing shoe @ 5514'). Tag plug.  
(4) Spot a 100' plug 1925-2025'. (Top of Delaware @ 1975').  
(5) Spot a 10 sack surface plug. Install dry hole marker.

This procedure has been discussed w/Mr. Les Clements.

15. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Billy M. Pucke

TITLE Operations Supt.

DATE 2/2/83

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

Original Signed By  
Leslie A. Clements  
TITLE Supervisor District II

DATE FEB 04 1983