

UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(other in-
s-
ions on
reverse side)Copy to
Form approved
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL OIL WELL ☐ GAS WELL ☒ DRY ☐ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. NM-0538562																									
2. TYPE OF COMPLETION NEW ☒ WORKOVER ☐ DEEP-EN ☐ PAUL BACK ☐ DEEP DESIG ☐ OTHER ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																									
3. NAME OF OPERATOR Coquina Oil Corporation		7. UNIT AGREEMENT NAME																									
4. ADDRESS OF OPERATOR P. O. Drawer 2960, Midland, TX 79701		8. FARM OR LEASE NAME Black River Federal 1																									
9. DATE OF WELL (Report location clearly and in accordance with any State requirements) At surface 1980' FAL & 2080' FNL, Sec. 28 At top prod. interval reported below Same At total depth Same		9. WELL NO. 1																									
10. FIELD AND POOL, OR WILDCAT Wildcat		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 28, T26S, R25E																									
12. PERMIT NO.		13. STATE NM																									
14. DATE BEHINDED 8-10-75		15. DATE T.D. REACHED 11-18-75																									
16. DATE COMPL. (Report to prod.) P&A		17. ELEVATIONS (DF, RSB, RT, GR, ETC.) 3704' GR																									
18. TOTAL DEPTH, MD & TVD 12,136' (MD)		19. ELEV. CASINGHEAD --																									
20. PLUG BACK T.D., MD & TVD 8600' (MD)		21. IF MULTIPLE COMPL., HOW MANY*																									
22. INTERVALS DRILLED BY --		23. ROTARY TOOLS 0-TD																									
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME, MD AND TVD,* None		25. WAS DIRECTIONAL SURVEY MADE Yes																									
26. TYPE ELECTRIC AND OTHER LOGS RUN Formation Density Log, Dual Laterolog		27. WAS WELL CORED No																									
28. CASING RECORD (Report all strings set in well)																											
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32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																											
33. *See back																											
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36. FLOW, TUBING PRESS., CASING PRESSURE, CALCULATED 24-HOUR RATE, OIL—BBL., WATER—BBL., OIL GRAVITY-API (CORR.)																											
37. DISPOSITION OF GAS (Selling, fuel, vented, etc.)																											
38. TEST WITNESSED BY																											
39. LIST OF ATTACHMENTS Log's, Deviation survey, summary of DST's																											
40. I hereby certify that the logging and attached information is complete and correct as determined from all available records																											
SIGNED <u>C. Alan Bump</u> TITLE <u>Engineering Asst.</u> DATE <u>1-12-76</u>																											

* (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.)

Perfs: acidize (Con't)

8720'-26'; 8610'-24'; 8650'-60'; 2 JSP Acidized 8650'-8726' w/3000 gal 15% mud acid

37. SUMMARY OF FORMER ZONES				38. GEOLOGIC MARKERS	
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THROUGH CORED INTERVALS AND ALL DRILL-STEM TESTS, INCLUDING				39. MEAS. DEPTH	
TOP, BOTTOM, AND INTERVALS, SHOWING THE CORRELATION OF FORMER ZONES AND DECOMPOSITION				TRUE VERT. DEPTH	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH
				Delaware	1245
				Bone Spring	4668
				Bone Spring Sand	6950
				Wolfcamp	7300
				Penn Limestone	8250
				Atoka	8628
				Morrow LS	8850
				Morrow Clastic	9136
				Barnett	9615
				Mississippian	10040
				Woodford	10158
				Devonian	10268
				Simpson	11605
				Ellenburger	11820