

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED

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.)

5. LEASE NM 17435 - A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME --
7. UNIT AGREEMENT NAME --
8. FARM OR LEASE NAME Shelly Federal Com.
9. WELL NO. 1
10. FIELD OR WILDCAT NAME North Lusk Morrow
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T-19S, R-32E
12. COUNTY OR PARISH 13. STATE Lea New Mexico
14. API NO. 30-025-26
15. ELEVATIONS (SHOW DF, KDB, AND WD) KB 3684'

1. oil well gas well other

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: 1980' FNL 660' FEL Sec. 5
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 Test Additional Morrow Zones	

(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.)*

Well was potentialled on 10/16/80 for a CAOF of 9641 MCFPD from perforations 12954-62'. This zone has pressure depleted. It is proposed to abandon these perforations by setting a CIBP at 12900' and cap it with ~~10'~~ of cement. Selected additional Morrow intervals from 12676-730' and 12606-630' will be perforated and tested.

* Cap with 50' of cmt.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Don Hillman TITLE Production Manager DATE January 15, 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
JAN 19 1981
SOY DISTRICT SUPERVISOR