

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

Form approved,  
Budget Bureau No. 12 R357.5.

LEASE DESIGNATION AND SERIAL NO.

NM - 0400512

IF INDIAN, ALLOTTEE OR TRIBE NAME

LEASE AGREEMENT NAME

LESSOR OR LEASEE NAME

Denegre-Federal

WELL NO.

1

FIELD AND POOL, OR WILDCAT

Wildcat

SECTION, T. R. N. M. OR BLOCK AND SURVEY AREA

Sec. 31, T20S, R27E

COUNTY OR PARISH  
Eddy

STATE  
N.M.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

1. TYPE OF WELL:  Oil Well  Gas Well  Both  Other

2. TYPE OF COMPLETION:  Open Hole  Plug Back  Deepen  Plug Back  Deepen  Reserve  Other

3. NAME OF OPERATOR  
Coquina Oil Corporation ✓

4. ADDRESS OF OPERATOR  
200 Bldg. of Southwest, Midland, Texas, 79701

5. DATE OF WELL (Report location clearly and in accordance with any State requirements)  
At surface 1980' FEL & 660' FNL, Sec. 31, T20S, R27E

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO. -- DATE ISSUED 7-27-73

15. DATE STOPPED 7-28-73 16. DATE T.D. REACHED 8-21-73 17. DATE COMPL. (Ready to prod.) 8-23-73

18. ELEVATIONS (OF END, BE, GR, ETC.)\* G.L. 3214'

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 504' 21. PLUG, BACK T.D., MD & TVD --

22. IF MULTIPLE COMPL., HOW MANY\* 23. INTERVALS DRILLED BY →

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* None

25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN GR-N

27. WAS WELL CORED No

23. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	48#	18'	15 1/2"	3 yds. Ready-Mix	None
8 5/8"	24#	190	12	Mudded in	190'
7"	23#	415	8	Mudded in	415'

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
None				

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
None		

31. PERFORATION RECORD (Interval, size and number)

None
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32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
None	

33.\* PRODUCTION

DATE FIRST PRODUCTION None PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in)

DATE OF TEST	HOURS TESTED	CHOKES SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
			→				

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	OIL GRAVITY-API (CORR.)
		→			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

35. LIST OF ATTACHMENTS  
Log

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Denegre TITLE Superintendent DATE August 30, 1973

RECEIVED  
SEP - 5 1973  
O. C. C.  
ARTESIA, OFFICE

RECEIVED  
AUG 31 1973  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO  
Denegre  
8-15-74

\*(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: "Scale Cementing"** 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.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPERMEABLE ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH
Gravel	160	165	Water	Yates	416'
Gravel	230	250	Water		
Limestone	492	505	Sulphur water		