

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 6567

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Exxon A Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Und. Delaware

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

Sec. 17, T23S, R26E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

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 "APPLICATION FOR PERMIT—" for such proposals.)

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MAY 15 1974

ARTESIA OFFICE

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Coquina Oil Corporation ✓

3. ADDRESS OF OPERATOR
200 Bldg. of Southwest, Midland, Texas 79701 O. C. C.

4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations.
See also space 17 below.)
At surface

660' FSL & 660' FEL, Sec. 17, T23S, R26E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
G.L. 3396

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input checked="" type="checkbox"/> Setting surface casing | |

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.) *

Spudded well 11:30 A.M., 4-30-74, and drilled a 12 1/4" hole to 592. Ran 598.68' of 8 5/8" 24# J-55 STC casing. Casing set at 592'. Cemented with 450 sacks Lite Wate with 2% calcium chloride. Pumped plug down at 1:45 A.M., 5-4-74. Top of cement 259'. Cemented with 150 sacks Cl. C. Returned to surface. Drilled to a total depth of 2000' on May 3, 1974. Preparing to straddle test 1952-1964 and log.

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U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED D. C. Radtke (D. C. Radtke) TITLE Engineer DATE 5-9-74

(This space for Federal or State office use)

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

MAY 14 1974

*See Instructions on Reverse Side