International system of the second system of the s	Form 9-331 (May 1963)	DEPARTN	UNITED STAT	INTERIOR	SUBMIT IN TRIPLITE (Other instructions reverse side)	I Rudget Ruyeen No 49 D1491	
OLL CAS OTHER VELL WELL OTHER 2. NAME OF OPERATOR S. FARM OR LEASE NAME Coquina Oil Corporation S. FARM OR LEASE NAME 3. ADDRESS OF OPERATOR S. FARM OR LEASE NAME P. O. Drawer 2960, Midland, TX 79701 9 4. Incration of will (Report location clearly and in accordance with any State requirements.* 9 3. ADDRESS OF OPERATOR 9 1. FIELD AND POOL, OR WILLCAT 9 1. SPEC, T., R., M., OR BLK, AND 9 1. SPEC, T., R., M., OR BLK, AND 10. FIELD AND POOL, OR WILDCAT Ste albo space 17 below.) Andres 1980' FAL & 660' FEL, Sec 28 11. SPEC, T., R., M., OR BLK, AND 1980' FAL & 660' FEL, Sec 28 Sec 28, T-7-S, R-33-E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 12. COUNTI OR PARISH 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 12. COUNTI OR PARISH 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 12. COUNTI OR PARISH 14. PERMIT NO. 15. ELEVATIONS (Show Whether DF, RT, CR, etc.) 12. COUNTI OR PARISH 15. ELEVATION TO: SUBSEQUENT REPORT OF: TEST W						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
Coquina 0il Corporation Farrell Federal 3. ADDRESS OF OPERATOR 9 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 9 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 9 10. FIELD AND FOOL, OR WILLCAT Chaveroo San Andres 11. SEC, T., R., M., OR BLK, AND 11. SEC, T., R., M., OR BLK, AND 1980' FAL & 660' FEL, Sec 28 Sec 28, T-7-S, R-33-E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 12. COUNTY OR PARISE 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 12. COUNTY OR PARISE 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 12. COUNTY OR PARISE 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT MULTIPLE CONPLETE ALTERING CASING SHOOTING OR ACIDIZE MULTIPLE CONPLETE ALTERING CASING SHOOTING OR ACIDIZE MULTIPLE CONPLETE ALTERING CASING (Other) TEMPORARY Abandon X (NOTE: Report results of multiple completion			7. UNIT AGREEMENT NAME				
3. ADDRESS OF OPERATOR 9. WELL NO. P. O. Drawer 2960, Midland, TX 7970] 9 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 9 1980' FAL & 660' FEL, Sec 28 10. FIELD AND FOOL, OR WILDCAT 1980' FAL & 660' FEL, Sec 28 15. ELEVATIONS (Show whether DF, RT, CS, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS X (Other) TEMPORARY Abandon	2. NAME OF OPERAT	TOR	8. FARM OR LEASE NAME				
4. Incration of WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 10. FIELD AND POOL, OR WILDCAT 1980' FAL & 660' FEL, Sec 28 11. sbc., T., R., M., OR BLK. AND SURVEY OR AREA 1980' FAL & 660' FEL, Sec 28 Sec 28, T-7-S, R-33-E 14. FERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 12. COUNTY OR PARISH ROOSEVELL (NM 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: Subsequent Report of: TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE CONPLETE ABANDON* CHANGE PLANS WATER SHUT-OFF FRACTURE TREAT REPAIRING WELL ABANDON* CHANGE PLANS REPAIR WELL (Other) REPAIRING WELL ABANDON ALTERING CASING ABANDON (Other) Temporary Abandon X (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	Coquina O 3. Address of ope	il Corporation					
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) Sec 28, T-7-S, R-33-E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 12. COUNTY OF PARISH 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE MULTIPLE COMPLETE ABANDON* CHANGE PLANS (Other) TEMPORARY Abandon	 LOCATION OF WE See also space 1 At surface 	LL (Report location cl 7 below.)	Chaveroo San Andres 11. sec., T., B., M., OB BLK. AND				
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 12. COUNTY OR PARISH 13. STATE 4432' A432' ROOSEVELt NM 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS X (Other) Temporary Abandon	1980	'FML & 660' I					
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TEST WATER SHUT-OFF PULL OR ALTER CASING FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS (Other) Temporary Abandon	16.	Check Ap	propriate Box To I	ndicate Nature	e of Notice, Report, or (Dther Data	
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(other) reinput ary Aballuon LAI Completion or Recompletion Report and Log form.)	FRACTURE TREA SHOOT OR ACID	IZE A	ULTIPLE COMPLETE BANDON* HANGE PLANS		FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	ALTERING CASING	
	(other) Temporary Abarruon LX1 Completion or Recomple					tion Report and Log form.)	

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.)*

Coquina Oil Corporation purchased this well from Mr. Weldon Guest on November 11, 1975. At the time of the purchase the well was uneconomical to produce, therefore, we have carried it as shut-in. The reasons Coquina has not plugged this well are that: currently, we are in the process of studing the possibility of a secondary recovery program, secondly, we may possibly return it to producing status, depending upon the price of oil in the future.

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18. I hereby certify that the foregoing is true and correct SIGNED C. Alan Bump		gineering Asst.	DATE 12-30-75	
(This space for Federal or State office use)		I ACCEPTED FOR	RECOND	
APPROVED BY	TITLE	ALGETTED	DATE	
CONDITIONS OF APPROVAL, IF ANY:			$a_{10} \cap \mathbf{N}$	
*S	ee Instructions	on Reveised. Site GEOLOGIC HOBBS, NEW	MEXICO I	