

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other Well T.A.
b. TYPE OF COMPLETION: Reenter &
NEW WELL ☐ WORK OVER ☐ DEEP-EN ☒ PLUG BACK ☐ DIFF. RESVR. ☐ 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 and in accordance with any State requirements)

At surface 1980' FNL & 660' FWL of Sec. 8

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO.

DATE ISSUED

2/6/80

Reenter

15. DATE ~~STARTED~~

11/12/79

16. DATE T.D. REACHED

2/1/80

17. DATE COMPL. (Ready to prod.)

Dry

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

GR 3630

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

12,452'

21. PLUG, BACK T.D., MD & TVD

3808'

22. IF MULTIPLE COMPL., HOW MANY*

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

Dry

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

DLL; Comp. Density-Comp. Neutron

27. WAS WELL CORED

No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
17 1/2"	48	650'	13 3/8"	650 sx 50-50 Poz+2% CaCl ₂	None*
8 5/8"	24	2528'	10 3/4"	200 sx C1 C Neat.	None
4 1/2"	10.5	3852	7 7/8"	60 sxs HLC + 100 sxs C1 C 50-50 pozmix.	None

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8	3691	None

31. PERFORATION RECORD (Interval, size and number)

3712-3720'; 3696-3707, 3684-92'

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3712-3720; 3696-3707; 3684-92'	1000 gals 15% NE acid & 2000 gals gelled 2% KCl wtr.

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

CHOKE SIZE

PROD'N. FOR
TEST PERIOD

OIL—BBL.

GAS—MCF.

FLOW. TUBING PRESS.

CASING PRESSURE

CALCULATED
24-HOUR RATE

OIL—BBL.

GAS—MCF.

WATER—BBL.

OIL GRAVITY API (CORR.)

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

35. LIST OF ATTACHMENTS

Logs; DST summary & report of 4 1/2" casing, Form 9-331

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

SIGNED

Larry M. Donald

TITLE

Operations Manager

DATE

8/6/80

*(See Instructions and Spaces for Additional Data on Reverse Side)

*This well was a Tenneco dry hole, USA Trigg C #1, P&A 3/11/65. The 13 3/8" surface csg. was left in place.

5. LEASE DESIGNATION AND SERIAL NO.

NM 23009

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Llano A Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

NW Lusk

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

Sec. 8, T19S, R32E

12. COUNTY OR
PARISH

Lea

13. STATE

N. M.

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.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
RECEIVED SEP 2 1980 OIL CONSERVATION DIV.			SEE ATTACHED FORM 9-331, dated 2/5/80			

38.

GEOLOGIC MARKERS

TOP

MEAS. DEPTH

TRUE VERT. DEPTH