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COPY TO O. C. C.

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

1. oil ☐ gas ☐ other ☒ Dry Hole

2. NAME OF OPERATOR
Coquina Oil Corporation

3. ADDRESS OF OPERATOR
P. O. Drawer 2960 Midland, TX 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 1650' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

MAR 10 1980

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.)*

Attempted to reenter and deepen well. Found salt string of casing parted. Was unable to fish out parted section. Hole had to be junked. Obtained verbal approval of USGS to set following cement plugs: 1116' to 949', 200 sx; 580' to 485', 50 sx; surface, 10 sx. Cut off casing head, welded plate over surface casing stub, installed dry hole marker. Heavy drilling fluid left between cement plugs. Work to P & A completed 3/5/80. Now waiting on pits to dry out to begin rehabilitation.

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

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

SIGNED Peter W. Chester TITLE Drilling Manager DATE 3/7/80

APPROVED

(Orig. 5cd.) PETER W. CHESTER
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 11 1981

OR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side