

CAL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-5303

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Coquina Oil Corp. 3. Address of Operator P.O. Box 27725 Houston, TX 77227-7725 4. Location of Well UNIT LETTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 3 TOWNSHIP 19S RANGE 34E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3987' GR	7. Unit Agreement Name 8. Farm or Lease Name New Mexico B State 9. Well No. 1 10. Field and Pool, or Wildcat Scharb Bone Springs 12. County Lea
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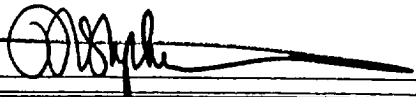
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12/20/88 MI&RU Pulling unit. Repair parted rod and restore well to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED  TITLE Consulting Engineer DATE 2/8/89

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

PROVED BY _____ TITLE _____ DATE FEB 13 1989

CONDITIONS OF APPROVAL, IF ANY:

2-1-13

RECEIVED

FEB 13 1999

OCB
MOBBS OFFICE