APPROVED BY Det 1	silen O	" <u>SEP 1 5 1978</u>
SIGNED Flanck	naus Drilling Manager	δ <u>eptember 14, 1978</u>
1.". I hereby certify that the information	a above is true and complete to the best of my knowledge and belief.	
The above informati former operator.	on furnished to Coquina Oil Corporation by W	Woods Petroleum Corporation,
sack. Pressured or	set 7 5/8" casing @ 11,852 with 250 sacks C1. n plug to 1600 psi; released pressure,floats ment 10,645'. WOC 24 3/4 hrs. Drilled out s	held. Ran temperature
On June 22, 1978, s Cl. C, 2% calcium c shoe and pressure t	set 10 3/4" casing @ 5,200' with 2800 sacks H chloride. Circulated out 325 sacks to pit. tested. Held OK.	WOC 11 hrs. Drilled out
Spudded well on Jur HL, 1/4# FC, 2% cal	ne 10, 1978. On June 21, 1978, set 20" casir cium chloride. Circ. WOC 12 hrs. مر رسم	ng @ 594' with 800 sacks
17. Describe Proposed or Completed Op work/ SEE RULE 1103.	perations (Clearly state all pertinent details, and give pertinent dates, inc	luding estimated date of starting any proposed
OTHER	OTHER	(<u>'</u>
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS.	
	Appropriate Box To Indicate Nature of Notice, Report of	or Other Data UENT REPORT OF:
	15. Elevation (Show whether DF, RT, GR, etc.) 3,538' KB	12. County Lea
THE East LINE, SECTION	DN _ 10 TOWNSHIP 24S 34E	N MER ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
4. Location of Well UNIT LETTER G 1980 FEET FROM THE North Line and 1980 FEET F		10. Field and Pool, or Wildcat Undesignated
P. O. Drawer 2960, Midland, TX. 79702		9. Well No.]
Coquina Oil Corporation		8. Furm or Lease Name Alexander
USE "APPLICATION FOR PERMIT -" (FORM C-101: FOR SUCH PROPOSALS.) 1. 01. GAS WELL WELL OTHER-		7. Unit Agreement Name
SUNDR	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.	
DPERATOR		State State Oil & Gas Lease No.
FILE U.S.G.S.		5a. Indicate Type of Lease State Fee X
SANTAFE	NEW MEXICO OIL CONSERVATION COMMISSION	Eliective 1-1-65
DISTRIBUTION		C-102 and C-103

CONDITIONS OF APPROVAL, IF ANY:

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