

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
Submit Instructions on to  
ON

Project Bulletin No. 1004-1125  
Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.  
**SCR 445**  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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--" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
**Quinoco Petroleum, Inc.**

3. ADDRESS OF OPERATOR  
**P.O. Box 378111, Denver, Colorado 80237**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
**1650 1650**  
**660' FNL & 1980' FEL**

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, GR, etc.)

RECEIVED

NOV 3- '89

O. C. D.  
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Kelly 5 Com**

9. WELL NO.  
**1**

10. FIELD AND POOL OR WILDCAT  
**North Loving (Atoka)**

11. SEC., T., R., M., OR BLK. AND SURVEY OR ALMA  
**Sec. 5 T-23S-R28E**

12. COUNTY OR PARISH  
**Eddy**

13. STATE  
**NM**

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      |                          |

SUBSEQUENT REPORT OF:

|                       |                          |                 |                          |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/> | REPAIRING WELL  | <input type="checkbox"/> |
| FRACTURE TREATMENT    | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT*    | <input type="checkbox"/> |
| (Other)               | <input type="checkbox"/> |                 |                          |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) \*

Operator changed from Enron Oil and Gas Company effective 1/1/89.

Post ID-3  
12-15-89  
city of name

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

SIGNED Kelly S. Richardson TITLE Production Technician DATE 8/21/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side