Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	6),			Revised 1.1.
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA			WELL API NO.
P.O. Box 2088  DISTRICT II  Santa Fe, New Mexico 87504-2088			30-039-25192	
P.O. Drawer DD, Artesia, NM 88210	Dailla I'C, INCW M	EXICU	07304-2000	5. Indicate Type of Lease  STATE  FEE X
DISTRICT III				
1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & Gas Lease No.
SUNDRY NOTICE	S AND REPORTS O	N WEI	.LS	
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)				Quinlan Ranch Q2
1. Type of Well:	.,	·· <b>,</b>		Zarnian kanch Vz
OIL GAS WELL	OTHER			
2. Name of Operator				8. Well No.
DEKA Exploration, Inc.				1
3. Address of Operator				9. Pool name or Wildcat
P.O. Box 14057, Oklah	oma City, OK	73]	113	Wildcat
	Feet From The North	n	Line and 340	Feet From The East Lin
23	<del> </del>			
Section 2.3	Township 32N		nge 2E DF, RKB, RT, GR, etc.)	NMPM Rio Arriba County
	10. Elevation (Show 8742		DI , KKD, KI, UK, EIC.)	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check Ap			Nature of Notice R	eport, or Other Data
NOTICE OF INTE	• •	ucuw 1	•	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	G OPNS. DPLUG AND ABANDONMENT
PULL OR ALTER CASING			CASING TEST AND C	EMENT JOB
<del></del>				· —
OTHER:		. U	OTHER:	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	s (Clearly state all pertinent a	letails, an	ed give pertinent dates, inclu	ding estimated date of starting any proposed
*				Fraced 25,323 gals 70 l SI until spring.
			M F C	
			SEP	0 4 1992
			OIL C	ON. DIV.
			\ DI	ST. 3
I hereby certify that the information above is true an	d complete to the best of my know	vledge and	belief.	
SIGNATURE	londer	111	President	DATE 8/31/92
TYPEOR PRINT NAME James L.	Nondorf		( 4	05)749-0004 TELEPHONE NO.
(This space for State Use)				o=D 0.4.100

CONDITIONS OF AFFROVAL, IF ANY:

APPROVED BY -

Original Signed by CHARLES GHOLSON