

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-0392592
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Quinlan Ranch Q2
2. Name of Operator DEKA Exploration, Inc.	8. Well No. 1
3. Address of Operator P.O. Box 14057 Oklahoma City, OK 73113	9. Pool name or Wildcat Wildcat-Niobrara
4. Well Location Unit Letter <u>H</u> : <u>1700</u> Feet From The <u>North</u> Line and <u>340</u> Feet From The <u>East</u> Line Section <u>23</u> Township <u>32North</u> Range <u>2 East</u> NMPM Rio Arriba County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 8742' GR	

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

12. 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.

7-8492
Ran 3 jts 8 5/8" casing; set @ 120' with 85 sks Regular Cement 2% KCL

RECEIVED
SEP 30 1992
OIL CON. DIV.
DIST. 3

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

SIGNATURE James L. Nondorf TITLE President DATE 9/23/92
TYPE OR PRINT NAME James L. Nondorf 405-749-0004 TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE Director DATE SEP 30 1992
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 28 1992

OCD HOBBS OFFICE