

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

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

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

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

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.
7. Lease Name or Unit Agreement Name Quinlan Ranch Q2
8. Well No. 1
9. Pool name or Wildcat Wildcat-Niobrara

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	
2. Name of Operator DEKA Exploration, Inc.	
3. Address of Operator P.O. Box 14057 Oklahoma City, OK 73113	
4. Well Location Unit Letter H : 1700 Feet From The North Line and 340 Feet From The East Line Section 23 Township 32 North Range 2 East 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.

7-24-92

Ran 48 jts of 5 1/2" casing; set @ 1938'; cemented with 195 sks Lite, 90 sks Class B, 2% KCL

RECEIVED
SEP 8 0 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 Assistant Secretary DATE SEP 24 1992
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 28 1992

OCD HOBBS OFFICE