Submit 3 Copies to Appropriate
District Office

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

Form C-103 Revised 1-1-89

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

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

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

WELL API NO. 30-045-27580 5. Indicate Type of Lease
STATE

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	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.)	7. Lease Name or Unit Agreement Name
1. Type of Well:	la coura 7 K2
OIL GAS WELL X OTHER	Jacquez K2
2. Name of Operator	8. Well No.
Quinoco Petroleum, Inc.	9. Pool name or Wildcat
3. Address of Operator P. O. Box 378111, Denver, CO 80237	Basin Fruitland Coal
Unit Letter K: 2270 Feet From The South Line and 1765	1
Section 2 Township 31N Range 13W  (Show whether DF, RKB, RT, GR, etc.)	NMPM San Juan County
10. Elevation (Snow whether Dr., Mrs., M., Ort. etc.)	XIIIIIIIIIIII
Cheek Appropriate Box to Indicate Nature of Notice, R	eport, or Other Data
	SEQUENT REPORT OF
NOTICE OF INTENTION TO:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND C	EMENT JOB
OTHER: OTHER: Spuddin	ıg X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103.	iding estimated date of starting any proposed
1) Begin building location - March 9, 1990.	O EREAME ()
2) MIRU rotary tool March 20, 1990.	K W
	<sup>₩</sup> % તુગ્ર () 3 1930
3) Spud well at 4:45 p.m. March 20, 1990.	
	OIL CON. DIV.
	pist. 3
is a complete to the best of my knowledge and belief.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE ST. ODS. EN	g. Tech. PAIE March 29, 1990
SIGNATURE JULY S. TXCHARAST TITLE ST. ODS. E.	
TYPE OR PRINT NAME Holly S. Richardson	TTLEFT KONE NO.
TYPE OR PRINT NAME HOLLY S. RICHARUSON	

(This space for State Use)

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