Form 3160-5 (August 2007)

UNITED STATES OPERATOR'S COPY DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No 1004-0137

Expires July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				5. Lease Serial No. NM-101579 6. If Indian, Allottee or Tribe Name NA	
SUBMIT IN TRIPLICATE - Other instructions on page 2.			7. If Unit or	7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Woll			NA	NA NA	
X Oil Well Gas Well Other			8. Well Nar	8. Well Name and No.	
2. Name of Operator			Quarter	Quarterback BQG Federal #1	
ates Petroleum Corporation			9. API Well		
a. Address	ne No. (include area cod 575-748-1471		30-005-64138 10. Field and Pool or Exploratory Area		
105 S. 4th Str., Artesia, NM 8 Location of Well (Foolage, Sec., T., R., M.,	373-740-1477	Wildcat	Wildcat; Wolfcamp (Oil)		
1980'FSL & 1980'FEL of Section 6-T12S-R27E (Unit J, NWSE)				11. County or Parish, State Chaves County, New Mexico	
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, I					
TYPE OF SUBMISSION	MITE BOX(E.) TO INDIC		OF ACTION	A CHILLEDIN	
TITE OF CODMISSION			<u> </u>		
г 1	Acidize	Deepen	X Production (Start/Resume) Water St	nt-Oll
Notice of Intent	Alter Casing	Fracture Treat	Reclamation	Well Inte	grity
X Subsequent Report	Casing Repair	New Construction	Recomplete	X Other	Completion
	Change Plans	Plug and Abandon	Temporally Abandon		Operations
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		
11/19/10 Perforated Wolfcam 88', 90', 92', 94', 96', 48', 50', 52', 54', 56'	log from 5515' up to surfa	ce with 1500 psi. 54', 56', 58', 60', 6 0', 12', 14', 16', 18 sted casing to 150	2', 64', 66', 68', 70', 72 ', 20', 22', 26', 28', 30', 00 psi, good. Acidized	i', 74', 76', 78', 8 , 32', 34', 36', 44 w/10000g 20%	34', 86', 1', 46', 5 HCL
•	•				
11/21/10 Date of 1st production	n			s. 22	
11/21/10 Date of 1st production				<u> </u>	
14. Thereby certify that the foregoing is true Name (Printed/Typed)	and correct	T	latoni Compliano Sta	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>
14. Thereby certify that the foregoing is true	and correct	Title Regu	latory Compliance Sup	pervisor	
14. Thereby certify that the foregoing is true Name (Printed/Typed)	and correct		latory Compliance Sur mber 22, 2010		
14. Thereby certify that the foregoing is true Name (Printed/Typed) Tina Hi	e and correct Uerta	Date Nove	mber 22, 2010	pervisor 23	
14. Thereby certify that the foregoing is true Name (Printed/Typed) Tina Hi	e and correct Uerta RECOTHIS SPACE FOR FR	Date Nove EDERAL OR STATE Tille	mber 22, 2010	pervisor 23	TERES AFMS