

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SRM-1126 NM-10183

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal

9. WELL NO.

1-1

10. FIELD AND POOL, OR WILDCAT

Blanco (Mesaverde)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 1, T31N, R13W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Quinoco Petroleum, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 378111, Denver, Colorado 80237

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1525' FSL & 820' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5785' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Status Change

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

The Federal 1-1 (Blanco-Mesaverde) was returned to production December 2, 1988 after being shut-in over 90 days.

ACCEPTED FOR RECORD

DEC 20 1988

FARMINGTON RESOURCE AREA

BY

[Signature]

18. I hereby certify that the foregoing is true and correct

SIGNED

Nelly Richardson

TITLE Production Technician

DATE 12/5/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

[Stamp]

*See Instructions on Reverse Side