

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Budget Bureau No. 1004-1
Expires August 31, 1985

C/SF

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.)

OCT 26 '87

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Quinoco Petroleum, Inc.

3. ADDRESS OF OPERATOR
P.O. Box 378111, Denver, CO 80237

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1,650' FSL & 990' FWL

5. LEASE DESIGNATION AND SERIAL NO.
NM 0282501-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
O.C.D. ARTESIA OFFICE QUINOCO SULIMAR

9. WELL NO.
Quinoco Sulimar #1

10. FIELD AND POOL OR WILDCAT
Sulimar Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, T15S R29E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3,869' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

- 9-11-87 1) Set 11 jts 8-5/8", 24#, STC csg @ 330.17'. Cmt w/200 sx class C. Circ. 35 sx cmt to pit.
- 2) Drld to 1,930' TD.
- 10-13-87 3) Set 1,930' of 5-1/2", 15.5#, J-55 csg @ 1,930'. Cmt w/100 sx lite, 12.9 ppg.



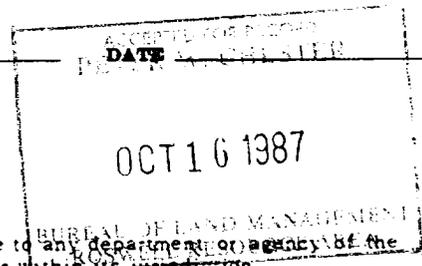
18. I hereby certify that the foregoing is true and correct

SIGNED Mary Earle TITLE Production Analyst DATE 10/13/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM 0282501-A

6 IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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RECEIVED
SEP 21 1987
O.C.D.
ARTESIA OFFICE

7. UNIT AGREEMENT NAME

8. OWNER OR LEASE NAME

Quinoco Sulimar

9. WELL NO.

Quinoco Sulimar #1

10. FIELD AND POOL OR WILDCAT

Sulimar Queen

11. SEC., T., E., M., OR BLK. AND SUBVY OR AREA

Sec. 26, T15S R29E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Quinoco Petroleum, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 378111, Denver, CO 80237

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

1,650' FSL & 990' FWL

14. PERMIT NO

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

3,869' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Spud

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

Start building location on August 27, 1987.
Move in and rig up cable tool rig on August 31, 1987.
Spud at 4:10 PM September 1, 1987.

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

SIGNED

Mary Earle

TITLE Production Analyst

DATE September 8, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE
PETER W. CHESTER
SEP 14 1987
BUREAU OF LAND MANAGEMENT
RQS WELL RECORDS SECTION

*See Instructions on Reverse Side