

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM SUBMIT IN TRUSS
Other Instructions
Artesia, NM 88210

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

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

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.)

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

14. PERMIT NO.

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

3,869' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

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 13. STATE

Chaves

NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(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.) *

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

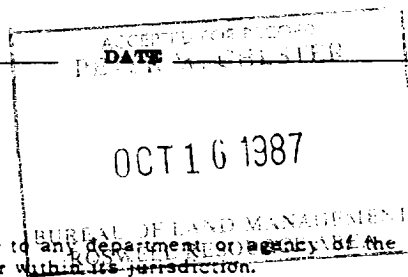
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
Other Instructions on
Reverse Side

Budget Bureau No. 1004-
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

NM 0282501-A

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Quinoco Petroleum, Inc.	8. NAME OR LEASE NAME QUINOCO SULIMAR
3. ADDRESS OF OPERATOR P.O. Box 378111, Denver, CO 80237	9. WELL NO. Quinoco Sulimar #1
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	10. FIELD AND POOL OR WILDCAT Sulimar Queen
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 26, T15S R29E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,869' GR	12. COUNTY OR PARISH Chaves
	13. STATE NM

16. 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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Spud	<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.)*

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:

*See Instructions on Reverse Side

