

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*

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

LEASE DESIGNATION AND SERIAL

Drawer DD

Artesia, NM 88210

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.)

RECEIVED

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

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

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)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)*

October 20, 1987

1. RU Schlumberger. Ran GR-CBL-CNL from 1,920-1,500'.
2. Perf'd w/2 SPF from 1,878-88'.
3. Set pkr @ 1,852'.
4. Acidize w/750 gals 15% HCl.
5. Frac w/19,000 gals 30# gel, 18,500# 20/40 sd & 11,000# 12/20 sd.

October 21, 1987

6. Prep to set pump.

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

SIGNED

Mary Earley

TITLE Production Analyst

DATE 10/30/87

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE

NOV 12 1987

*See Instructions on Reverse Side