

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved:
Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
SW-650

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 ☐ 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
1980' FNL & 660' FWL
Ut. E
O. C. D. ARTESIA, OFFICE

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DE, RT, GR, etc.)
3263' GL

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AUG 28 '89

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

STATE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Nan Bet Com

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Catclaw Draw (Morrow)

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

Section 19-T21S-R26E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

10. 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	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)	☐	Change of Status	☒

(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 Nan Bet Com #1 was returned to production August 8, 1989 after being shut-in over 90 days.

RECEIVED

*Record Only
Wrong Form*

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

SIGNED

Vally J. Richardson

TITLE

Production Technician

DATE

8/15/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side