

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a well. Use "APPLICATION FOR PERMIT—" for such proposals.)

|  |  |
|--|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER  | 7. UNIT AGREEMENT NAME                                     |
| 2. NAME OF OPERATOR<br>Quinoco Petroleum, Inc. ✓   | 8. FARM OR LEASE NAME<br>Catclaw Draw Unit                 |
| 3. ADDRESS OF OPERATOR<br>PO Box 378111, Denver, Co 80237  | 9. WELL NO.<br>#7  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1880' FSL & 1650' FEL | 10. FIELD AND POOL, OR WILDCAT<br>Catclaw Draw Morrow      |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3291' GR |
| 12. COUNTY OR PARISH<br>Eddy   | 13. STATE<br>NM  |

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

NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

|                                 |                          |                 |                          |
|---------------------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF                  | <input type="checkbox"/> | REPAIRING WELL  | <input type="checkbox"/> |
| FRACTURE TREATMENT              | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING           | <input type="checkbox"/> | ABANDONMENT*    | <input type="checkbox"/> |
| (Other) <u>change of status</u> | <input type="checkbox"/> |                 | <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.)\*

The Catclaw Draw #7 was returned to production on 12/16/87 after being shut-in over 90 days.

RECEIVED

JAN 11 8 30 AM '88

CAR

ACCEPTED FOR FILE

JAN 11 1988

SJS

CATCLAW

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

SIGNED Shelly Richardson TITLE Production Analyst

DATE 1/5/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side