

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C 103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

WELL API NO.

30-015-21859

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Quinoco Petroleum, Inc. ✓

3. Address of Operator

P. O. Box 378111, Denver, CO 80237

7. Lease Name or Unit Agreement Name

Jones Com

8. Well No.

1

9. Pool name or Wildcat

Carlsbad South Morrow

4. Well Location

Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line

Section 9 Township 22S Range 25E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3,520' GL, 3,533' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OF ALTER CASING ☐

OTHER: Re-perforate ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Quinoco Petroleum, Inc. proposes to re-complete additional sands within the Morrow Zone of the Jones Com #1 as follows:

1. RUWL, run gauge ring to 10,070' Tag TD.
2. RU 10,000 psi lubricator.
3. RIH w/ 1 & 9/16" hollow carrier gun. Perf intervals of 10,190 - 204', 10,182 - 184' & 10,140 - 152' w/2 JSPF.
4. POH w/WL. Open well & evaluate flow rate. Acidize if necessary.
5. Place on production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Holly S. Richardson

TITLE

Sr. Ops. Eng. Tech.

DATE April 3, 1990

TYPE OR PRINT NAME

Holly S. Richardson

(303) 850-6322

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

APR 13 1990

CONDITIONS OF APPROVAL, IF ANY: