

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SW-703

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Catclaw Draw Unit

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

Catclaw Draw Morrow

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

Sec 13, T21S-R25E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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

JAN 14 '88

2. NAME OF OPERATOR

Quinoco Petroleum, Inc. ✓

O. C. D.

3. ADDRESS OF OPERATOR

PO Box 378111, Denver, Co 80237

ARTESIA OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

2310' FNL & 990' FNL

14. PERMIT NO.

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

3291.8 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) change of status

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.)*

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

RECEIVED

JAN 11 8 30 AM '88

OFFICE

ACCEPTED
JAN 11 1988
CATCLAW, SJS

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

SIGNED

Wally Richardson

TITLE

Production Analyst

DATE

1/5/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side