

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Project Bureau No. 1004-0155
Expires August 31, 1985

454

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	JAN 14 '88	5. LEASE DESIGNATION AND SERIAL NO.	SW-904
2. NAME OF OPERATOR Quinoco Petroleum, Inc. ✓	O. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR PO Box 378111, Denver, CO 80237	ARTESIA, OFFICE	7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660'FNL & 1650'FEL		8. FARM OR LEASE NAME Catclaw Draw Unit	
		9. WELL NO. #17	
		10. FIELD AND POOL, OR WILDCAT Catclaw Draw Morrow	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ABRA Sec 14, T21S-R25E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 8335.6'GL	12. COUNTY OR PARISH Eddy	13. STATE NM

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 PLANE

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

RECEIVED

JAN 11 8 59 AM '88

GAZ
AGE

JAN 11 1988

SJS

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

SIGNED

Nelly 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