Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-103	
Revised 1-1-89	

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

OIL CONSERVATION DIVISION
P.O. Box 2088 SECRET SANTA Fe. New Mexico 87504-2088

30-015-23215	
5. Indicate Type of Lease STATE	FEE X

P.O. Drawer DD, Artesia, NM 88	210 Santa Fe, New Mexico	67304-2086	5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	87410	19°5-11	6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORM F	Y NOTICES AND REPORTS ON WEIFOR PROPOSALS TO DRILL OR TO DEEPEN T RESERVOIR. USE "APPLICATION FOR PE FORM C-101) FOR SUCH PROPOSALS.)	OR BLUG BACKIO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: OL G. WELL W	AS CITHER		Guitar Estate Com	
2. Name of Operator Quinoco Petro	7		8. Well No.	
	11, Denver, Colorado 8	30237	9. Pool name or Wildcat N. Loving (Morrow)	
4. Well Location Unit Letter H : 2100 Feet From The North Line and 710 Feet From The East Line				
Section 19	Township 23S R 10. Elevation (Show whether		NMPM Eddy County	
= -:	Check Appropriate Box to Indicate OF INTENTION TO:	Nature of Notice, R	eport, or Other Data SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING	ULL OR ALTER CASING CASING TEST AND CEMENT JOB			
OTHER: Perforate	& Acidize X	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.				
 Set CIBP @ 12,380' above existing perfs @ 12,509'- 12,536', 12,410'-12,428'. 				
 Perforate and test Morrow formation @ 12,110'-12,116', 12,194'-12,200' and 12,250'-12,260' w/2 SPF. 				
3. Acidize 1,500 gals of 15% HCl if necessary.				
I hereby certify that the information	n above is true and complete to the best of my knowledge a	nd belief. Production	Technician DATE 5/2/89	
SIGNATURE Ally	V, TXCIWIAND	TITLE	TELEPHONE NO.	
TYPE OR PRINT NAME				

Original Signed By Mike Williams (This space for State Use) 4 1989 MAY

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APPROVED BY -CONDITIONS OF APPROVAL, IF ANY: