

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

WELL API NO.	30-045-27643
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)

7. Lease Name or Unit Agreement Name	Quinoco Yager N
8. Well No.	5
9. Pool name or Wildcat	Basin Fruitland Coal

1. Type of Well:	OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator	Quinoco Petroleum, Inc.
3. Address of Operator	P. O. Box 378111, Denver, CO 80237

4. Well Location	Unit Letter <u>N</u> : <u>1160</u> Feet From The <u>South</u> Line and <u>2315</u> Feet From The <u>West</u> Line
	Section <u>3</u> Township <u>31N</u> Range <u>7W</u> NMPM <u>San Juan</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	<u>6,564'</u> GI

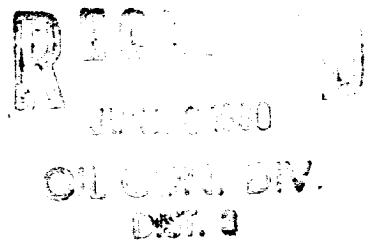
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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.

April 11, 1990

1. NU Well and press test to 1000#, held okay.



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 6/4/90

TYPE OR PRINT NAME Holly S. Richardson TELEPHONE NO. (303) 850-6322

(This space for State Use)

APPROVED BY Original signed by FRANK T. CHAVEZ TITLE \_\_\_\_\_ DATE JUN 21 1990

CONDITIONS OF APPROVAL, IF ANY: