

Well File

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT OPERATOR'S (Y)

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" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐  
2. NAME OF OPERATOR  
Quinoco Petroleum, Inc.  
3. ADDRESS OF OPERATOR  
P.O. Box 378111, Denver, CO 80237  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

1,650' FSL & 990' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3,869' GR

FEB 05 '88

5. LEASE DESIGNATION AND SERIAL NO.  
NM 0282501-A  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
QUINOCO SULIMAR  
9. WELL NO.  
Quinoco Sulimar #1  
10. FIELD AND POOL OR WILDCAT  
Sulimar Queen  
11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA  
Sec. 26, T15S R29E  
12. COUNTY OR PARISH 13. STATE  
Chaves NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐  
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐  
SHOOT OR ACIDIZE ☐ ABANDON\* ☐  
REPAIR WELL ☐ CHANGE PLANS ☐  
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☐ ABANDONMENT\* ☐  
(Other) Completion ☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Fully 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.) \*

1. Set pump on October 21, 1987.
2. November 13, 1987 well on production. Final Report.
3. IP 8 BO, 0 BW, 0 MCF in 24 hrs.

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

SIGNED [Signature] TITLE Production Analyst DATE 11-19-87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

DEC 2 1987  
F. W. Chester  
BUREAU OF LAND MANAGEMENT