

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>
Name of Operator Quanico Oil & Gas, Inc.		
Address of Operator c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88241		
Location of Well UNIT LETTER <u>H</u> <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>6</u> TOWNSHIP <u>9S</u> RANGE <u>30E</u> NMPM.		

7. Unit Agreement Name
8. Farm or Lease Name Marshall
9. Well No. 1
10. Field and Pool, or Wildcat Cato San Andres
11. Elevation (Show whether DF, RT, GR, etc.) 4150 GR
12. County Chaves

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 checked="" 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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. 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.

11/2/84 Acidize existing perfs from 3274' to 3314' w/7000 gals of 28% HCL. Swabbed load. Pump 24 hours 15 BO, 5 BW, 150 MCF.

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Donna Holley</u>	TITLE <u>Agent</u>	DATE <u>12/6/84</u>
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u>DEC - 7 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		