

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well  gas well  other

2. NAME OF OPERATOR  
Siete Oil and Gas Corporation

3. ADDRESS OF OPERATOR  
Post Office Box 2523, Roswell, NM 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 2310 FSL 1980 FEL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

|   |                          |
|---|--------------------------|
| REQUEST FOR APPROVAL TO:                      | SUBSEQUENT REPORT OF:    |
| TEST WATER SHUT-OFF <input type="checkbox"/>  | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/>             | <input type="checkbox"/> |
| (other) <u>Surface casing</u>                 |                          |

5. LEASE  
NM-57664

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Ronadero

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
Chaveroo-San Andres

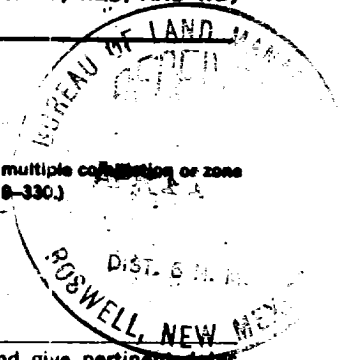
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 4: T-8-S, R-32-E

12. COUNTY OR PARISH | 13. STATE  
Chaves | NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4512'

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



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.)\*

- 3/26/84 Spudded 12 1/2" hole at 5:15 P.M.
- 3/27/84 T.D. Surface 1811' at 6:45 P.M. - ran 43 joints 8 5/8" 24# API casing - set at 1819' K.B.
- 3/28/84 Cemented 550 sxs of 50/50 pos. and 100 sxs Class "C" 2% CaCl<sub>2</sub> - circulated to surface - plug down at 2:00 A.M. - tested B.O.P. to 1000# - held O.K.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE President DATE April 5, 1984

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY: CHESTER

APR 25 1984

RECEIVED BY  
APR 26 1984  
O. C. D.  
ARTESIA, OFFICE

RECEIVED  
APR 30 1984  
O. C. D.  
HOBBS OFFICE