(November 1983) (Formerly 9–331)	DEPARTME	ITED STATES OF THE INT OF LAND MANAGEN	ERIOR *eree	IT IN TRIPLICATION	5. LEASE	dget Burcan pries August DESIGNATION  NM-05547	31, 1985 IND BERIAL .
		S AND REPORT to drill or to deepen or I N FOR PERMIT for		ESEIVED			OR TRIBE NAME
OIL CAS WELL	OTBER		Jun 19	II cs AN	'90 7. UNIT 7	ORREMENT NA	)(E
Siete Oil a	and Gas Corpor	ration	CAR ARE_		`F	G. Federa	
P.O. Box 25 4. LOCATION OF WELL ( See also space 17 be At surface 221	(Report location clearly		any State requires	ments.•	10. FIELO	5 AND POOL OR	
231	IU' FNL & 1650	)' FEL, SW¼NE¼,		r G N 27'90	East 11 sec., su Sec.	Burton [ T. B., M., OR BI IVEY OR ARKA 16: T20	Delaware DE. AND DS, R29E
30-015-2626	1	ELEVATIONS (Show wheth		TESIA, OFFICE		TY OR PARISH	13. STATE
30-013-2026		3274.3	uK		_ <u> </u>	<u> </u>	NM
	NOTICE OF INTENTION	oriate Box To Indicai	e Nature of No				
TEST WATER SHUT-C FRACTI RE TREAT SHOOT OR ACIDIZE REPAIR WELL	PULL OF MULTI	OR ALTER CASING	PRACTI	SHUT-OFF BE TREATMENT ING OR ACIDIZING	X	DF:  REPAIRING WI  ALTERING CAS  ABANDONMENT	IING
5/22/90	TIH w/abrazi sand, TOH w/s slot, pull p @2100 PSI, A @ 15 min-630 2000# 12/20, @ 10 min-840	jet to 4371', abrazijet, TIH kr to 4275', IR-4.4 BPM @ 1, fraced w/500 AIR-6.6 BPM @ 15, @ 15 min-740	abrazijet s w/pkr & tb acidized w/ 520 PSI, IS 0 gal 25# XI 1800, FPIP , SION.	lot @ 4371' g, spot 1 b 500 gals 15 IP-1000, @ L, 750# 100 -2100, ISIP	for 30 mobile acid of 5% HCl, for 50 min-810 mesh, 87 p-1150, @	nin w/20/ over abra ormation 1, @ 10 m 150# 20/4 5 min-90	of starting any and zones perting and zones perting and zones perting and zijet broke in-730, 0 & 0,
5/24/90	RU & began s	wabbing, IFL 2	500' FS, mad	de 40 runs	w/2% oil	cut, FFL	2500' FS
5/29/90	3245.5' w/12 3350', test F BPM @ 1800 PS 980, @ 15 mir 20/40 & 8000#	tbg, TIH w/RBP perfs, spot 2 RBP to 2000#, ISI, balled out n-960, fraced was 12/20 RCS, mac), @ 15 min-120	bbls acid on the bold ok, acid of the block, acid o	over perfs, idized w/10 , ISIP-1160 , 25# XL, 20	set pkr 00 gal 15 , 0 5 min	0 3137', % HCl, A -1000, 0	RBP @ IR-3.4 10 min-
5/3C/90	ITP-300, bega	an flowback & p	orep to swal				
8. I hereby sertify that s	the foregoing is true a	nd correct	orlg. & Prod	I. Tech.	DATE	6/18/9	90
(This space for Federa	or State office use)	<del></del>					
APPROVED BYCONDITIONS OF APP	PROVAL, IF ANY:	TITLE	CLE ACCES DATE		<del>- 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14</del>	N - 1	