orm 3160-5 OUNTESTAND OUNTES	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO.
BUREAU OF LAND MANAGEMENT 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.)	NM 29267 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	7. UNIT AGREEMENT NAME
OIL GAB WELL OTHER	8. PARM OR LEASE NAME
2. NAME OF OPERATOR	Eagle Federal
Siete Oil and Gas Corporation 3. ADDRESS OF OPERATOR	9. WELL NO.
P. O. Box 2523, Roswell, NM 88201	#1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)	10. PIBLD AND POOL, OR WILDCAT
At surface	Grayburg Jackson - SR-W-G-AA
660' FNL & 1980' FEL	11. SBC., T., R., M., OR BLK. AND SURVEY OR ARMA
	Sec 30: T17S, R29E
14. PERMIT NO. 15. BLEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 18. STATE
30-015-25365 3638'	Eddy NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, or O	ther Data
• • •	BNT REPORT OF:
NOTICE OF INTENTION TO.	
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF X	ALTERING CABING
FRACTURE TREAT SHOOT OR ACIDIZE MULTIPLE COMPLETE ABANDON* SHOOTING OR ACIDIZING X X	ABANDONMENT®
REPAIR WELL CHANGE PLANS (Other)	
(NOTE: Report results	of multiple completion on Well etion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical near to this work.)* 1/23/86 Performate Premier from 2262' to 2276' Total 12 pe	depths for all markers and gones perti-
1/24/86 Acidize w/1000 gals 15% HCL acid + ball sealers fr crosslink containing 12,000# 20/40 & 12,000# 12/20	_
ACCEPTED FOR RECORD Source JAN 30 1986	
CARISRAD, NEW MEMICO: RECEIVED BY	
JAN 3 1 1986 O. C. D. ARTESIA, OFFICE	
18. I hereby certify that the foregoing is true and correct	
SIGNED JASON JUSTICE Production Supervisor	
(This space for Federal or State office use)	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE