

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. NAME OF OPERATOR
Siete Oil & Gas Corporation

2. ADDRESS OF OPERATOR
P. O. Box 2523, Roswell, NM

3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
660' FNL, 1980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DV, ST, OR, etc.)
3638'

NM-29267

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Eagle Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Grayburg - Jackson

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 30: T17S, R29E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐

FRACTURE TREATMENT

REPAIRING WELL

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Temporary Shut In

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

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.)

We Request Permission to Temporarily Shut this well in for 1 year effective
5/28/86.

APPROVED FOR 12 MONTH PERIOD
ENDING 6/26/87

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

SIGNED

[Signature]

TITLE Production Supervisor

DATE 6/17/86

(This space for Federal or State office use)

Orig. Sgd. Charles S. Doherty

APPROVED BY

Area Manager

TITLE

DATE

6-27-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side