

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND AND MANAGEMENT

NM 29267

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a (Shut-in) Well.
Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

OIL WELL ☒ GAS WELL ☐ OTHER

NAME OF OPERATOR
Siete Oil & Gas Corporation

MAR 15 '88

ADDRESS OF OPERATOR

P.O. Box 2523 Roswell, New Mexico 88202

O. C. D.
ARTESIA, OFFICE

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
Not also specify it below.)
At surface

660' FNL & 1980' FEL Unit Letter B

1. SURF CONDITIONS

2. NAME OF LEASED LAND
Eagle Federal

3. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson, S.R. S.A.

11. SEC. T. R. M. OR B.L. AND
QUADRY OR AREA
Sec. 30: T17S, R29E

14. PERMIT NO.

15. ELEVATIONS (Show whether of, to, or, etc.)
3640 GR 3638

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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

WELL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON
CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT

Emergency Pit - Temporary SI

(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 maintain a emergency pit @ this location for emergency purpose only & it will be maintained in accordance with NTL 2B.

This well is temporarily shut in.

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

SIGNED J. B. Jester

TITLE V.P. Drilling/Production

DATE March 11, 1988

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side