OCT 29 1985

UNITED STATES Drawer DD

DEPARTMENT OF THE INTERIOR 88210 5. LEASE

GEOLOGICAL SURVEY

NM 43727

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6.	IF	INDIAN	, ALL	.OTTEE	OR	TRIBE	NAMI

Form Approved.

Budget Bureau No. 42-R1424

ARTESIAS DIVIDRY N	TICES	AND	REPORTS	ON	WELLS	
144	BIIOFO	NITU	ILLI OILLO	O11	**LLLO	

(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.)

gas well 🗵 well other 2. NAME OF OPERATOR

Siete Oil and Gas Corporation >

3. ADDRESS OF OPERATOR P.O. Box 2523, Roswell, NM 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

Unit Letter E 1980' FNL & 330' FWL, SW/4 NW/4 AT SURFACE:

AT TOP PROD. INTERVAL: same AT TOTAL DEPTH: same

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

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

SUBSEQUENT REPORT OF:

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Falcon Federal

10. FIFLD OR WILDCAT NAME

Square-Lake-Grayburg-SA 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 5: T17S, R30E

12. COUNTY OR PARISH 13. STATE Eddy New Mexico

14. API NO.

9. WELL NO.

30-015-25439

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

REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES **ABANDON®** (other) Surface Casing

(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.)*

10/20/85 - L & M Rig #1 spudded 12 1/4" hole @7:00 a.m. - T.D. 353' surface hole @12:00 p.m. - ran 8 jnts 353' - 8 5/8", 24#, S.T. &. C. casing set @351.43 KB - cemented with 400 sxs Class "C" cement + 2% CaCl2 - plug down 03:00 p.m. -- 6 circulated 75 sxs to pit - install & tested BOP to 1,000; psi - held OK - W.O.C.

Subsurface Safety Valve: Manu. and Type _

Set @ da ot Galo Tual Tual

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

TITLE Consultant

October 22, 1985 DATE

(This space for Federal or State office use)

APPROVED BY ... CONDITIONS OF APPROVAL IF ANY: FCORD__ TITLE.

OCT 23 1985