

dsf

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY

NOV 1 1985
SUNDY 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 Form 9-331-C for such proposals.)

ARTESIAN OFFICE ☒ Gas ☐ other

2. NAME OF OPERATOR
Siete Oil & 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
AT SURFACE: 1980' FNL & 330' FWL, SW/4 NW/4
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☒
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☐		☐
(other)	☐		☐

5. LEASE
NM-43727
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Falcon Federal
9. WELL NO.
#1
10. FIELD OR WILDCAT NAME
Square Lake - Grayburg - San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec: 5, T-17-S, R-30-E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
30-015-25439
15. ELEVATIONS (SHOW DF, KQB, AND WD)
3696' GR

(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.)*

11/04/85 - Perforated middle San Andres Zone 3659' to 3687.5' - 16 perms.
Acidized w/2000 gallons 28% HCL Acid.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Production Supervisor DATE 11/04/85

(This space for Federal or State office use)

APPROVED FOR RECORD _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

[Signature]
NOV 4 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

GPO : 1981 O - 347-166

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

PROPOSAL TO ABANDON WELL

1. NAME OF OPERATOR (Print name and address of operator, including city, county, and State.)

2. WELL NUMBER (If known, print well number, including city, county, and State.)

3. DATE OF REPORT (Month, day, and year.)

4. NAME OF OPERATOR (Print name and address of operator, including city, county, and State.)

5. LOCATION OF WELL (REPORT LOCATION OF WELL TO INDICATE NATURE OF WELL.)

6. DATE

7. COUNTY

8. STATE

9. TOTAL DEPTH

10. CHECK AND PRINT BOX TO INDICATE NATURE OF WELL

11. CHECK AND PRINT DATA

12. SUBSEQUENT WELL NO.

13. CHECK FOR ABANDON TO:
☐ FILL WITH CEMENT
☐ FILL WITH GRATE
☐ FILL WITH GRAVEL
☐ FILL WITH SAND
☐ FILL WITH WATER CEMENT
☐ FILL WITH COMPOSITE
☐ FILL WITH SOILS
☐ FILL WITH OTHER

14. CHECK FOR ABANDON TO:
☐ FILL WITH CEMENT
☐ FILL WITH GRATE
☐ FILL WITH GRAVEL
☐ FILL WITH SAND
☐ FILL WITH WATER CEMENT
☐ FILL WITH COMPOSITE
☐ FILL WITH SOILS
☐ FILL WITH OTHER

15. I hereby certify that the foregoing is true and correct.
 Signature _____
 Title _____

16. (Print name and address of operator, including city, county, and State.)

17. DATE

18. COUNTY

19. STATE