

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

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 ☐

RECEIVED BY

JUN 18 1986

O. C. D.
ARTESIA, OFFICE

1. NAME OF OPERATOR

Siete Oil & Gas Corporation

2. ADDRESS OF OPERATOR

P. O. Box 2523, Roswell, NM 88201

3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

(See also space 17 below.)
At surface

1980' FNL & 330' FWL

4. LEASE DESIGNATION AND SERIAL NO.

NM 43727

5. IF INDIAN, ALLOTTEE OR TRIBE NAME

6. UNIT AGREEMENT NAME

7. FARM OR LEASE NAME

Falcon Federal

8. WELL NO.

1

9. FIELD AND POOL, OR WILDCAT

Square Lake - G-5P

10. SEC., T., R., N., OR BLK. AND
SURVEY OR AREA

Sec. 5: T17S, R30E

11. PERMIT NO.

12. ELEVATIONS (Show whether DV, ST, GR, etc.)

3696' GR

13. COUNTY OR PARISH

Eddy

14. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporary Shut In

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

16. 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
4/27/86.

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

SIGNED

TITLE Production Supervisor

DATE 6/17/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side