

c/sf

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well 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.)
AT SURFACE: 660' FSL, 1650' FWL
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 | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | | <input type="checkbox"/> |
| (other) Surface Casing | | | |

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.)*

12/13/85 - L & M rig #1 spudded 12 1/2" hole @ 5:30pm - ran 9 jnts. 351' of 8 5/8", J-55 csg. - set @ 350' KB - cemented w/ 400 sx's High Early w/2% CaCl circulated 25 sx's to pit.

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

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

SIGNED Larry Rango TITLE Vice-President DATE 12/17/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DEC 19 1985

5. LEASE NM-14847
6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
7. UNIT AGREEMENT NAME ---
8. FARM OR LEASE NAME Sackett Federal
9. WELL NO. 2
10. FIELD OR WILDCAT NAME Shugart Grayburg Jackson-SI-U-B-SA-
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29: T-17-S, R-29-E
12. COUNTY OR PARISH Eddy
13. STATE New Mexico
14. API NO. 30-015-25502
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3598' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)