TEST WATER SHUT-OFF

PULL OR ALTER CASING MULTIPLE COMPLETE

FRACTURE TREAT SHOOT OR ACIDIZE

REPAIR WELL

CHANGE ZONES ABANDON*

Form Approved. Budget Bureau No. 42-R1424

RECEIVED BY

O. C. D.

(NOTE: Report results of multiple completion properties change on Form 9-330 AN 3 1 1900

clsf

	UNITE	D S	TATE	S Art 15	
DEPARTA	MENT	OF	THE	INTERIOR	
GF	OLOG	ICAL	SUR	VEY	

\$1210 **5. LEASE**

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	NM 14847 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME		
1. oil gas cother other	Sackett_Federal 9. WELL NO.		
2. NAME OF OPERATOR Siete Oil & Gas Corporation	10. FIFLD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR P. O. Box 2523, Roswell, NM 88201	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FSL, 1650' FWL AT TOP PROD. INTERVAL: Same	Sec 29: T-17-S, R-29-E 12. COUNTY OR PARISH 13. STATE		
AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	Eddy New Mexico 14. API NO. 30-015-25502		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3598' GR		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			

ABA (oth	NDON* er)				ARTESIA, OFFICE
17.	including es	timated date of starting	g any proposed wo	S (Clearly state all pertinent details, and gork. If well is directionally drilled, give subsitiones pertinent to this work.)*	give pertinent dates, urface locations and

- 1/09/86 Perforate Loco Hills, Metex & Premier Zones from 2304' 2566' 26 Holes - Acidized w/1500 gals 15% HCL Acid.
- 1/11/86 Perforate San Andres Zone from 2642' 3217' 32 Holes Acidized w/10,000 gals 28% Acid & 13,600 gals Gelled Pad containing 4,000# 100 Mesh & 4,000# 20/40 Sand in 10 stages.
- 1/12/86 Frac Premier Zone w/30,000 gals 20# Crosslink containing 4,000# 100 Mesh, 40,000# 20/40 Sand & 16,000# 12/20.

Subsurface Safety Valve: Manu. and T	ype	Set @	+t
18. I hereby certify that the foregoing	is true and correct	· · ·	
SIGNED N. A. Justus	TITLE Prod Superviso	or DATE 1/15/86	
U	(This space for Federal or State off	fice use)	
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY: ACCEPTED FOR RECO	ORD		

JAN 27 1986

C.

*See Instructions on Reverse Side