

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 ☒ gas ☐ 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.)

AT SURFACE: 2310 FNL 2310 FEL

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:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

(other) surface casing

5. LEASE  
NM-025777

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

RECEIVED BY

8. FARM OR LEASE NAME  
Geronimo

NOV 20 1984

O.C.D.

ARTESIA, OFFICE

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME

W/C Shugart-Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 24: T-18-S, R-31-E

12. COUNTY OR PARISH

13. STATE

Edo

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3726 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.)\*

11/7/84 Spudded 12 1/4" hole at 6:00 PM  
11/8/84 Drilling at 730' - redbeds - 7:00 AM - T.D. surface 846' at 9:00 AM  
ran 20 joints (855.62') of 8 5/8" 24# API, J-55 S.T.&C. casing set  
846' K.B. - Dowell cemented 415 sxs of Class "C" 2% CaCL<sub>2</sub> - circulated  
40 sxs. to surface - plug down 3:45 PM - tested B.O.P. to 1000 #  
Held O.K.

Subsurface Safety Valve: Manu. and Type

Set @ FL

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

SIGNED [Signature] TITLE President DATE November 12, 1984

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_