

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 and Gas Corporation
3. ADDRESS OF OPERATOR  
P.O. Box 2523, Roswell, New Mexico 88201
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 950' 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:                      | 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) <u>surface</u>                        |                          |

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.)\*

4/03/85 L & M Drilling spudded 17½" hole at 6:00 a.m.

4/04/85 T.D. surface 346' - 17½" hole at 4:00 a.m. - ran 13 3/8" 48# J-55 casing set at 345' K.B. - shoe at 346' - float at 333' - cemented by Dowell with 400 sxs class "C" cement + 2% CaCL2 - circulated 50 sxs to pit - nipple up B.O.P. - pressure test to 1,000 P.S.I. for 30 minutes - held O.K. - W.O.C.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE consultant DATE April 8, 1985

(This space for Federal or State office use)

APPROVED BY [Signature] ACCEPTED FOR RECORD TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: [Signature]

APR 11 1985

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

5. LEASE NM 025777	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
7. UNIT AGREEMENT NAME ---	
8. FARM OR LEASE NAME Geronimo <del>Federal</del>	
9. WELL NO. 2	
10. FIELD OR WILDCAT NAME Shugart-Queen	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24: T-18-S, R-31-E	
12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3720' GR	

RECEIVED BY  
APR 12 1985  
O. C. D.  
ARTESIA, OFFICE

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