

CONFIDENTIAL

UNITED STATES
NATURAL RESOURCES COMMISSION
DEPARTMENT OF THE INTERIOR
Artesia, NM 88210
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 ☐

JAN 30 1987

2. NAME OF OPERATOR

Siete Oil and Gas Corporation

O. C. D.

3. ADDRESS OF OPERATOR

P.O. Box 2523, Roswell, New Mexico 88201

ARTESIA, OFFICE

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2310' FNL, 1980' 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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) surface casing ☐

5. LEASE

LC 065680

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Blackhawk Federal

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Shugart

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, KDS, AND WD)
3702' 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.)*

8/04/85 - L & M Rig #1 spudded 12 1/4" hole @5:30 p.m. - T.D. surface 352' @11:00 p.m.

8/05/85 - T.D. 352' - ran 8 jts 8 5/8", 23#, J-55 casing set @350' KB Dowell Schlumberger cemented with 400 sxs class "C" 2% CaCl plug down @1:30 a.m. - cement circulated - nipple up BOP & test to 1000 psi for 30 min. - held OK

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED _____

TITLE Consultant

DATE 8/06/85

(This space for Federal or State office use)

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY: _____

TITLE

DATE

AUG 12 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO