um 9-331	OTHE CONFIDENT	JAL		pproved. Bureau No. 42-R1424	
	AJESwer DD	5. LEASE			
DEPARTMENT OF T		LC 065680			
GEOLOGICAL	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
SUNDRY NOTICES AND F	REPORTS ON WELLS	7. UNIT AGREE	MENT NA	ME	
o not use this form for proposals to drill o ervoir. Use Form 9-331-C for such proposa	RECEIVED BY	8. FARM OR LE Blackhawk			
, oil 🛛 gas 🗆 other	JAN 3 0 1987	9. WELL NO.		, <u></u> ,,,,	
NAME OF OPERATOR		10. FIFLD OR W		AME	
Siete Oil and Gas Corporation O. C. D. ADDRESS OF OPERATOR ARTESIA, OFFICE		Shugart .			
P.O. Box 2523, Roswell,	.O. Box 2523, Roswell, NM 88201		11. SEC., T., R., M., OR BLK. AND SURVEY OR		
LOCATION OF WELL (REPORT LOC	CATION CLEARLY. See space 17	AREA Sec: 24, T	-18-9	R-31-F	
below.)		12. COUNTY OF			
AT SURFACE: 2310' FNL, 198 AT TOP PROD. INTERVAL: same	DO. LMT	Eddy		New Mexico	
AT TOTAL DEPTH: same		14. API NO.			
CHECK APPROPRIATE BOX TO I	NDICATE NATURE OF NOTICE,		: 	·	
REPORT, OR OTHER DATA			s (Show	DF, KDB, AND WD)	
NUTET FOR ADDONIAL TO-	SUBSEQUENT REPORT OF:	3702' GR			
QUEST FOR APPROVAL TO: ST WATER SHUT-OFF 🔲			i I	•	
CTURE TREAT	ă				
OOT OR ACIDIZE					
PAIR WELL	Ц		esuits of m on Form 9-	utiple completion or zone 330.)	
	H	-nen <b>g</b> a i			
LTIPLE COMPLETE	Ы				
	Ō		17 14		
er) Production Casing			-4		
DESCRIBE PROPOSED OR COMP including estimated date of startin measured and true vertical depths 8/12/85 - L & M Rig # ran CNL, LDT, GR, Calip	for all markers and zones pertine 1 T.D. 7 7/8" hole @6:	int to this work.)*	., 6		
8/13/85 - L & M Rig #	1 ran 110 its 5 1/2".	15.5#, K-55.	S.T.&	.C. casing set	
04500' KB - Float 04490 tail in with 300 sxs Lt	<ul> <li>cemented with 1700</li> <li>Wt. 5 cement + 5# sa</li> </ul>	) sxs Lt. Wt.	3 cem	ent + 10# salt/	
circulated cement to su	rface - W.O.C.		•		
			:		
	. •			•	
	2 #~ 1	£			
				Ft @ Ft	
ubsurface Safety Valve: Manu. and Ty	/Pe		Se	۲œ	
. I hereby certify that the foregoing	is true and gorrect		.C.	1,-1,55	
SIGNED Della	President			for for shine	
	This space for Federal or State	office use)		·	
ACCEPTED FOI	1/	DATE _	•	·	
CONDITIONS OF APPROVAL IF ANY:	<u> </u>	VAIS _	1.	,	
CONDITIONS OF AFTROVAL IF AUG	X		1.1		
AUG 20	1985				
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· · · · · · · · · · · · · · · · · · ·	*See Instructions on Reven	ie Side	I		
CARLEBAD, NE	N ANKICO		1		