

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TR
(Other instructions
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT--" for such proposals.)

OIL WELL GAS WELL 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 and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' FNL, 990' FEL

**RECEIVED BY
FEB 04 1986
O. C. D.
ARTESIA OFFICE**

5. LEASE DESIGNATION AND SERIAL NO.
NM 025777

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Geronimo Federal

9. WELL NO.
#4

10. FIELD AND POOL, OR WILDCAT
Shugart

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24: T18S, R31E

14. PERMIT NO. **30-015-25457** 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3706 GR

12. COUNTY OR PARISH **Eddy** 13. STATE **NM**

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Re: 3162.4 (067)

- (A) Delaware
- (B) 6 Bbls.
- (C) See attached
- (D) 210 Bbl Fiberglass Tank

Sec. 7 of NTL-2B-disposal water is trucked by Jims Water Service to Loco Hills disposal owned by Ray Westall.

Ray Westall

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

SIGNED *[Signature]* TITLE Production Supervisor DATE 2/03/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

WATER ANALYSIS REPORT

SAMPLE

LOCATION: GERONIMO FED. # 4
 COMPANY: PRO-KEM INC.
 REF.: SIELE OIL & GAS

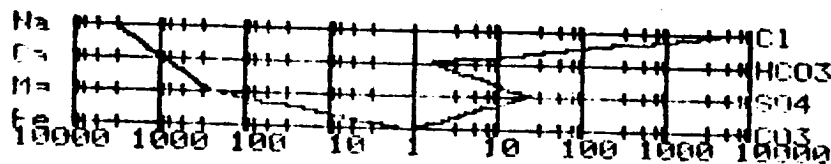
DATE: 24-JAN-1986
 FORMATION: _____

ANALYSIS

- | | |
|---------------------|----------------|
| 1. PH | 6.00 |
| 2. SPECIFIC GRAVITY | 1.157 |
| 3. HYDROGEN SULFIDE | NEGATIVE |
| 4. CARBON DIOXIDE | NOT DETERMINED |
| 5. DISSOLVED OXYGEN | NOT DETERMINED |

	MG/L	EQ. WT.	*MEQ/L
<u>CATIONS</u>			
6. CALCIUM (CA)	16098	/ 20.1 =	801
7. MAGNESIUM (MG)	2811	/ 12.2 =	230
8. SODIUM (NA)	70673	/ 23.0 =	3073
9. BARIUM (BA)	NOT DETERMINED	/ 68.7 =	0
<u>ANIONS</u>			
10. BICARBONATE (HCO3)	98	/ 61.1 =	2
11. SULFATES (SO4)	1100	/ 48.8 =	23
12. CHLORIDES (CL)	144967	/ 35.5 =	4084
13. TOTAL IRON (FE)	36		
14. TOTAL DISSOLVED SOLIDS	235747		
15. TOTAL HARDNESS AS CaCO3	51710		

LOGARITHMIC WATER PATTERN *MEQ/L



*MILLI EQUIVALENTS PER LITER
 CALCULATED CALCIUM SULFATE SOLUBILITY
 IN THIS BRINE IS 897 MG/L

PROBABLE MINERAL COMPOSITION COMPOUND EQ. WT. X *MEQ/L

CA(HCO3)2	81.04	2
CASO4	68.07	23
CACL2	55.50	781
MG(HCO3)	73.17	0
MGSO4	60.19	0
MGCL2	47.62	230
NAHCO3	84.00	0
NASO4	71.03	0
NACL	58.46	3072

ESTIMATED TEMPERATURE OF CALCIUM CARBONATE INSTABILITY IS 67 DEGREES F.

REMARKS: _____