

C/SF

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

NM OIL CONS. CO.  
Drawer DD  
NM 88210

**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 ☐  
well well

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: 2040' FSL & 920' 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\* ☐

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(other) Spud & Set Surface Csg.

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

RECEIVED BY

JAN 17 1986

O. C. D.

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.)\*

1/12/86 Spud 12 1/4" hole @5:00 p.m. - Bit #1 12 1/4" Reed (11-J) - T.D. surface 357' @10:30 p.m. - ran 8 joints (362') 8 5/8", 24# J-55 csg - set @351' K.B. - Dowell Schlumberger rigging up to cement surface.

1/13/86 Dowell Schlumberger cemented w/250 sxs of high early 2 w/250 sxs CaCl & 1/4# Cello Flake - plug down @1:00 a.m. Circulated 25 sxs to surface. W.O.C. 18 hrs. Nippled up, tested BOP & system to 1000 PSI for 30 min. Tested OK.

ACCEPTED FOR RECORD

JAN 16 1986

Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

CARISBAC, NEW MEXICO

SIGNED

*Sonny Longo*

TITLE Vice President

DATE 1/14/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: