

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIF
(Other instruction
verse side)

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

CKT

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY		5. LEASE DESIGNATION AND SERIAL NO. NM-0255777	
2. NAME OF OPERATOR Siete Oil & Gas Corporation ✓		APR 18 1986		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 2523, Roswell, New Mexico 88201		O. C. D. ARTESIA, OFFICE		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 765' FNL, 1980' FEL				8. FARM OR LEASE NAME Geronimo Feredal	
				9. WELL NO. 5	
				10. FIELD AND POOL, OR WILDCAT East Shugart - Delaware	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 24: T18S, R31E	
14. PERMIT NO. 30-015-25546		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3717'		12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <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.)

04/16/86 Perforated Delaware 5114' to 5121' - 11 shots
acidized w/1,000 gal. 7 1/2% HCL Acid

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

SIGNED [Signature] TITLE Production Supervisor DATE 04/17/86

(This space for Federal or State office use)

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

*See Instructions on Reverse Side