

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructions
reverse side)

DATE

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

ckf

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 APR 17 1986 O. C. D. ALBUQUERQUE OFFICE
2. NAME OF OPERATOR Siete Oil & 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 790'FNL & 940'FEL, NE/4 NE/4, Unit Letter A		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3705' GR	

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. 6	
10. FIELD AND POOL, OR WILDCAT Hugan, Yates - S	
11. SEC., T., R., E., OR BLK. AND SUBDIVISION OR AREA Sec. 24: T18S, R31E	
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:

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 PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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) Spud & Set Surf Csg	<input checked="" type="checkbox"/>		<input checked="" 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.)

4/10/86 - Spudded 12 1/4" hole @3:00 p.m. T.D. surface @358' @10:15 p.m.

4/11/86 - Ran 9 jnts(361') of 8 5/8" 24# csg. set @357', shoe @358' - cmt'd w/230 sx class "C" 2% CaCl₂ - PD @3:40 p.m. - circ 25 sx to pit - WOC 12 hrs. - RU BOP - tested system to 1000 psi for 30 min. - tested OK.

ACCEPTED FOR RECORD

Guil
APR 15 1986

CARLSBAD, NEW MEXICO

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

SIGNED *Sunny Lopez*

TITLE Vice President

DATE 4/15/86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side