

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

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.)

1. WELL TYPE OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. LEASE DESIGNATION AND SERIAL NO. NM-025777	
3. NAME OF OPERATOR Siete Oil & Gas Corporation		4. IF INDIAN, ALLOTTEE OR TRUST NAME	
5. ADDRESS OF OPERATOR P. O. Box 2523, Roswell, NM 88201		6. UNIT ASSIGNMENT NAME	
7. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1730' FNL, 1650' FEL, SW/4 NE/4, Unit letter G		8. FARM OR LEASE NAME Geronimo Federal	
9. PERMIT NO.		10. WELL NO. 9	
11. ELEVATIONS (Show whether SF, ST, GR, etc.) 3708' GR		12. FIELD AND POOL, OR WILDCAT East Shugart Delaware	
13. COUNTY OR PARISH Eddy		14. SEC., T., R., N., OR S.E., AND SURVEY OR AREA Sec. 24: T18S, R31E	
15. STATE NM		16. COUNTY OR PARISH Eddy	
17. STATE NM		18. COUNTY OR PARISH Eddy	

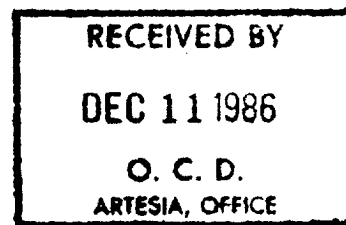
19. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PLUG 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Location Error On Drlg Permit <input checked="" 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.)	

20. 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.)

Please note:

On our Application to Drill dated 11/18/86 - the location of the well is 1730' FNL, 1650' FEL SW/4 NW/4. The location of the well should read, "1730' FNL, 1650' FEL, SW/4 NE/4, Unit letter G."



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

SIGNED Ad. J. G. J. G. J. G. TITLE V. P. Drilling & Production DATE 12/10/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

CONFIDENTIAL