

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE MANNER INDICATED
(Other Instructions on Reverse Side)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY	1. UNIT ASSIGNMENT NAME
2. NAME OF OPERATOR Siete Oil & Gas Corporation		JUN 29 1987	3. FARM OR LEASE NAME Geronimo Federal
3. ADDRESS OF OPERATOR P. O. Box 2523, Roswell, NM 8820		O. C. D.	4. WELL NO. 9
4. 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			5. FIELD AND POOL, OR WILDCAT East Shugart Delaware
16. PERMIT NO.		15. ELEVATIONS (Show whether BV, RT, GR, etc.) 3708 GR	6. SEC., T., R., M., OR BLM. AND SURVEY OR ARRA Section: 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) perf acid & frac	<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.)*

6/9/87 Acidized zone 5258' to 5273' w/750 gals. D.A.D. acid - perforated zone 5136' to 5166' - 21 shots - set RBP @ 5249' acidized w/1000 gals. 15% HCL acid - perfs communicated w/zone 5022' - 5072'. Pull packer to 4990' & frac w/27,000 gals. crosslink containing 4,300# 100 mesh, 26,000# 20/40 & 14,600# 12/20 in two stages.

RECEIVED

JUN 23 11 30 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

ACCEPTED FOR RECORD

SJS
JUN 24 1987

CARLSBAD, NEW MEXICO

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

SIGNED H.D. Justus

TITLE Drig. & Prod. Vice Pres. DATE 6/22/87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side