UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-_
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.)

RECEIVED

NOV 1— '89

O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL No.
NM-24160

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Osage Federal

9. WELL NO.
10

10. FIELD AND POOL OR WILDCAT
Und. Bone Spring

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34: T19S, R29E

12. COUNTY OR PARISH **Eddy** | 13. STATE **NM**

OIL WELL ☒	GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Siete Oil and Gas Corporation

3. ADDRESS OF OPERATOR
P.O. Box 2523   **Roswell, NM 88202-2523**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980' FNL & 660' FEL, SE¼NE¼, Unit Letter H

14. PERMIT NO
30-015-26178

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3310' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☒	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other)	

(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.)*

10/21/89	Fraced 7944'-8087' w/100,000 gal 30# XL gel, 264,400# 16/30 sd & 45,260# 16/30 RSC, AIR-35.7 BPM AIP-1850, max-2980, FPIP-2147, ISIP-1561, @ 5min-1465, @ 10 min-1415, @ 15 min-1378, SION.
10/22/89	Flowback 200 bbls for 5 hrs, FTP-108, CP-800, 1% oil cut.
10/23/89	Finish flowback & began swabbing, swabbed 300 BF w/50% oil cut.

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

SIGNED _Cathy Bartley_   TITLE _Drlg. & Prod. Tech._   DATE _10/31/89_

(This space for Federal or State office use)

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

*See Instructions on Reverse Side