

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE
(Other instructions on reverse side)
RECEIVED

Budget Bureau N. 1004-1
Expires August 31, 1985
5. LEASE DESIGNATION (AND SERIAL)
NM-24160

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Siete Oil and Gas Corporation	3. ADDRESS OF OPERATOR P.O. Box 2523 Roswell, NM 88202	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, SE 1/4 NE 1/4, Unit Letter A, C. D. Artesia, OFFICE	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., S., M., OR BLK. AND SURVEY OR AREA Sec. 34: T19S, R29E	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO. 30-015-26178	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3310' GR										

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"/>	WATER SHUT-OFF	<input checked="" type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
REPAIR WELL	<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.)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.)

11/10/89 Kill well, TOH w/rods & tbg, perfed 7034'-7192' w/28 perfs, TIH w/RBP, pkr & tbg, set RBP @ 7239', SION.

11/11/89 Circ hole w/2% KCl, spot 5 bbls acid over perfs, set pkr @ 6977', acidized w/2500 gal 15% HCl, divert w/56 ballsealers, formation broke @ 1660 PSI, AIR-3.3 BPM, balled out to 3374 PSI, ISIP-847, release pkr @ 6977', TOH, fraced w/103,000 gal 30# XL, 273,000# 16/30 & 50,000# 16/30 RCS dn csg, AIR-35 BPM, AIP-1400, ISIP-1525, @ 5 min-1372, @ 10 min-1300, @ 15 min-1235, SION.

11/12/89 Open well to flow, ITP-700, flowed for 2 hrs, GIH w/tbg, circ sand off RBP, latch on to RBP, RBP would not release.

NOTE: Worked to get RBP released for 4½ days, could not release, left RBP in hole.

11/17/89 Hung well on pump.

CONFIDENTIAL

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

SIGNED Cathy Batley TITLE Drlg. & Prod. Tech. DATE 12/15/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side