

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
ALBUQUERQUE, NM 87100

Expires August 31, 1985  
5. LEASE DENOMINATION AND SERIAL NO.  
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 depth.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> 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 660' FNL & 1980' FWL, NE 1/4 NW 1/4, Unit Letter C		5. UNIT AGREEMENT NAME		6. FARM OR LEASE NAME Osage Federal		7. WELL NO. 13		8. FIELD AND POOL OR WILDCAT Und. Bone Spring		9. SEC., T., S., M., OR BLM. AND SURVEY OR ALMA Sec. 34: T19S, R29E		10. COUNTY OR PARISH Eddy		11. STATE NM	
12. PERMIT NO. 30-015-26216		13. ELEVATIONS (Show whether DF, RT, GR, etc.) 3304' GR		14. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		15. 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.)		16. I hereby certify that the foregoing is true and correct		17. SIGNED <u>Cathy Batley</u> TITLE <u>Drilg. &amp; Prod. Tech.</u> DATE <u>12/18/89</u>		18. APPROVED BY _____ TITLE _____ DATE _____		19. CONDITIONS OF APPROVAL, IF ANY:		20. *See Instructions on Reverse Side		21. Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.			

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL 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 PLANS	<input type="checkbox"/>	(Other) 20" & 13 3/8" csg	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

11/3/89 WEK Rig #2 spudded 26" hole @ 6:00 PM.  
11/4/89 TD 26" hole to 344' @ 9:45 AM, TOH, RU & ran 9 jts (345.35') 91# J-55  
20" csg, set @ 344' w/410 sxs 35/65 POZA w/6% D-20, 1/4# D-29 & 3% CaCl,  
tail-in w/250 sxs HEII w/3% CaCl & 1/4# D-29, circ 70 sxs to pits, PD  
@ 5:00 PM. WOC for 12 hrs, resumed drlg.  
11/6/89 TD 17 1/2" hole to 1130' @ 11:45 AM, TOH, RU & ran 29 jts (1132.07') 48#  
J-55 13 3/8" csg, set @ 1130' w/550 sxs 35/65 POZA w/6% D-20, 10% D-44,  
1/4# D-29 & 3% CaCl, tail-in w/250 sxs HEII w/3% CaCl & 1/4# D-29, circ  
76 sxs to pits, PD @ 8:30 PM, WOC for 12 hrs, resumed drlg.

18. I hereby certify that the foregoing is true and correct			
SIGNED <u>Cathy Batley</u>		TITLE <u>Drilg. &amp; Prod. Tech.</u>	
DATE <u>12/18/89</u>			
(This space for Federal or State office use)			
APPROVED BY _____		TITLE _____	
DATE _____			
CONDITIONS OF APPROVAL, IF ANY:			

\*See Instructions on Reverse Side