

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

EXPIRATION DATE: 11/1/90
5. LEASE DESIGNATION AND SERIAL NO.

NM-24160

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

CONFIDENTIAL

RECEIVED

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 $\frac{1}{4}$ NW $\frac{1}{4}$, Unit Letter C

O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Osage Federal

9. WELL NO.

13

10. FIELD AND POOL OR WILDCAT

Und. Bone Spring

11. SEC., T., R., M., OR BLK. AND
SUBVY OR AREA

Sec. 34: T19S, R29E

14. PERMIT NO.
30-015-26216

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

3304' GR

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

12/13/89 RU Schlumberger & ran CBL fro TD to 2800', TOC @ +-3100', perfed Wolfcamp interval 9262'-9268' w/7 Perfs (2 JSPF), SION.

12/14/89 TIH w/pkr & tbg, spot acid over perfs, set pkr @ 9217', acidized w/2500 gal 15% HCl, divert w/25 ballsealers, formation broke @ 3800 PSI, AIR-4 BPM, AIP-3440, max-5000 (balled out), FPIP-3480, ISIP-2500, @ 5 min-2370, @ 10 min-2340, @ 15 min-2300, began flowback, SION.

12/15/89 IFL-4500', ITP-500, began swabbing, 1st swab run getting oil and gas, 2nd run FL 5500' FS w/gas & no oil shows, TOH w/tbg, lay dn tbg, SION.

12/16/89 TIH w/CIBP, pkr, SN & tbg, set CIBP @ 9220', 10' cmt on top of CIBP w/dump bailer, perfed Bone Spring interval 6964'-7174' w/33 perfs, TIH & added 7 jts tbg, set @ 7178', spot 5 bbls acid over perfs, pulled pkr to 6928', set SN @ 6864', acidized w/3000 gal 15% HCl, formation broke @ 1000 PSI, ISIP-975, AIR-4 BPM @ 1400 PSI, max 4000, @ 5 min-930, @ 10 min-920, @ 15 min-890, SION.

12/17/89 Swabbed load back, FL 1000' FSN, good gas on swab runs, 15% oil cut, TOH.

12/18/89 Fraced w/121,000 gal 20# XL, 279,860# 16/30 & 64,020# 16/30 RCS, AIR-37 BPM, AIP-1200, max-1940, FPIP-1855, ISIP-1340, @ 5 min-1100, @ 10 min-1060, @ 15 min-1045, SION.

12/19/89 ITP-900, flowing for 1 hr, gas show w/no oil cut, continue to swab.

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

SIGNED Cathy Batley

TITLE Drlg. & Prod. Tech.

DATE 11/10/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

JAN 31 1990

*See Instructions on Reverse Side

SOS
CARLSBAD, NEW MEXICO