(November 19 (Formerly 9-	08.5) (331) DEP B	D'LICATE*	5. LEASE DESIGNATION AND SERIAL A.				
(I» no	SUNDRY of use this form for Use "A	rvolr.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
OIL X	GAS OT	SER	REC	EIVED	7. UNIT AGBREMENT NAME		
2. NAME OF OR		Corporation /			S. PARM OR LEASE NAME		
S. ADDRESS OF		corporation 7		≈5′90	Osage Federal		
P.O. Bo		Roswell, N	M 88202-2523		15		
4. LOCATION OF See also spe At surface	ace 17 below.)	ation clearly and in accordance	with any State requirements. ARTESI , Unit Letter F	A, OFFICE	Parkway Bone Spring 11. 88C., T., B., M., OR BLE. AND 80RYBY OR ARBA		
14. PERMIT NO.		15 ELEVATIONS (Show w	rbether DF, RT, GR, etc.)		Sec. 34: T19S, R29E 12. COUNTY OR PARISH 13. STATE Eddy NM		
16.	Che		licate Nature of Notice, Re		· · · · · · · · · · · · · · · · · · ·		
		INTENTION TO:			Omer Dara		
PRACTURE TREAT MULT SHOOT OR ACIDIER ABANG		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON® CHANGE PLANS	WATER SHUT-OFS FRACTUBE TREAT SHOUTING OR ACC	MENT X	ALTERING WELL ALTERING CARING ABANDON MENT®		
	toposed or complet work. If well is his work.)	ED OPERATIONS (Clearly State all directionally drilled, give subsurf	Completion	or Recomple	of multiple completion on Well tion Report and Log form.) ncluding estimated date of starting any depths for all markers and somes perti-		
2/13/90	RU Schlum TIH w/pkr	nberger, ran CBL (82 °& tbg, SION.	255'-4000'), perfora	ted 6968	'-7052' w/16 perfs,		
2/14/90	acid over perfs, broke @ 1500 PSI, 0 w/18 BS, surge 10 min-890,						
2/15/90	DLM 6 152	U PSI, FPIP-218U, I	208,000# Ottawa 16/3 SIP-1700, @ 5 min-13 s, TP-450, est. 100	240. R 1	000# RCS, AIR-25 0 min-1220, @ t well open to flow.		
18. I hereby cert	tify that the forego	oing is true and correct					
SIGNED (This space	OTHE State S	Other Tolly Grite	Brlg. & Prod. Tec	h.	3/2/90		
APPROVED		TITL	ik:		TO A SOUTH		
	OF ADDROVAT		- 		DATE		

*See Instructions on Reverse Side

	NM-24	NM-24160 C 6 IF INDIAN, ALLOTTEE OR TRIBE NAME					
	form for pros	TICES AND I	deepen or plue l	ack to a different seasonula	o is indian, all	OTTEE OR TRIBE NAME	
OIL X GAB	7. UNIT AGREEMEN	7. UNIT AGRECUBRY NAME					
2. NAME OF OPERATOR			·			8. PARM OR LEASE NAME	
Siete Oil a ADDRESS OF OPERATOR	Osage Fe	Osage Federal					
P.O. Box 25		Roswell	, NM 8820)2-2523	15		
1. LOCATION OF WELL (R See also space 17 belo At surface	₩.;			Ŭ. ⊊ .			
1000	FNL & Z	310' FWL, SE	¼NW¼, Unit	Letter F ARTESIA,	Parkway Bo	OR BLE, AND	
					Sec. 34:	T19S, R29E	
4. PERMIT NO.	1	12. COUNTY OR PARISH 13. STATE					
s.			3302' GR		Eddy	NM	
	Check A		o Indicate N	ature of Notice, Report,		•	
TEST WATER SHUT-OF		PULL OR ALTER CASI	NG	WATER SHUT-OFF	BARQUENT REPORT OF:		
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		G CARING	
RHOOT OR ACIDIZE REPAIR WELL		ABANDON® CHANGE PLANS		BHOOTING OR ACIDIZING (Other) 5 1/2"	CSg & logging	MENT.	
(Other)		·-		(Note: Report re	sults of multiple complet oupletion Report and Log		
7. DESCRIBE PROPOSED OR proposed work. If nent to this work.) *	COMPLETED OF well is direct	ERATIONS (Clearly 8t. ionally drilled, give a	ate all perfinent subsurface locati	details, and give pertinent dons and measured and true ve			
1/27/90				L/MSFL 3202'-5567'			
2/03/90	TD 7 7/8 & ran DL (5500'-3	.L/MOFL (1U-5	800' @ 4:4 5500'), CN	5 AM, circ for log L/LDT/GR (TD-3200'	s, RU Schlumber), EPT & Volan	ger	
2/04/90	@ 1:30 PD-44, ta	M, circ 40 s il-in w/300	xs off DV sxs POZA.	J-55 LT&C 8rd & 5 00' w/420 sxs CC, Tool @ 6388', cmt 10% D-44, PD @ 6: eleased rig @ 9:00	10% D-44, .7% F 'd w/400 sxs CC 30 PM did not	LA, PD , 10%	
. I bereby certify that the	e foregoing is	a decide		. & Prod. Tech.			
		<u> </u>	TITLE UTIC	i. ALPTOOLIACH	DATE <u>2/2</u>	10 /NA	