to Appropriate District Office	Energy, als and Na	atural Resources Department	Revised 1-	1 ()
DISTRICT I P.O. Box 1980, Hobbe, NM 88240	OIL CONSERVA	ATION DIVISIOND	WELL API NO. 30-015-26433	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		1exico 87504-2088	5. Indicate Type of Lease	
DISTRICT III		AUG 29 '90	STATE X	FEE
1000 Rio Brazos Rd., Aztec, NM 87410		0 / 0	6. State Oil & Gas Lease No. LG-4525	
(DO NOT USE THIS FORM FOR PR DIFFERENT RESE	FICES AND REPORTS O ROPOSALS TO DRILL OR TO DE ROYOUR. USE "APPLICATION I C-101) FOR SUCH PROPOSAL	DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: Oll (XX) GAS WELL (XX)	OTHER		Flathead State	
2. Name of Operator			8. Well No.	
Siete Oil and Gas Cor 3. Address of Operator	poration		9. Pool name or Wildcat	
P.O. Box 2523	Roswell, NM	88202-2523	Parkway Delaware	
4. Well Location Unit Letter B : 33	Nor	th line and 165	0 Fact	
		Line and 100	O Feet From The East	Line
Section 2	Township 20S	Range 29E	MPM Eddy	County
		whether DF, RKB, RT, GR, etc.) 3320 GR		
11. Check	Appropriate Box to Ind	licate Nature of Notice, Re	port, or Other Data	
NOTICE OF IN	TENTION TO:	SUBS	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDO	NMENT
PULL OR ALTER CASING		CASING TEST AND CE		
OTHER:		OTHER: Perf, Ac		X
12. Describe Proposed or Completed Operawork) SEE RULE 1103.	ations (Clearly state all pertinent a	details, and give pertinent dates, includ	ing estimated date of starting any proposed	
tog to 414 broke @ 20 3500 PSI,	46°, RU DS, spot 2 050 PSI, acidized w	bbls acid over perfs v/1000 gal 15% HCl, A ·1000, FPIP-1400, max	14 perfs, TIH w/SN & 2 3, , pull tbg to 4021', form IR-3 BPM @ 1340 PSI, bal -3500, @ 5 min-970 @ 10	mation
8/22/90 RU DS & fi RCS, AIR-8	raced w/17000 gal 3 8 BPM @ 2190 PSI, I	30# XL, 2000# 100 mes [SIP-1140, FPIP-2080,	n, 23300# 20/40, 8300# 1 max-3060, @ 5 min-1050,	2/20 @ 10
min-1030,	@ 15 min-1030, SIC	DN. BF, continue to reco		
I hereby certify that the information above is true	e and complete to the best of my know	ledge and belief.		
SIGNATURE (CCT)	Xxtly Xxle	mme Drilling Techr	nician DATE 8/28	3/90
TYPE OR PRINT NAME	<u>J</u>		TELEPHONE NO.	
(This space for State Use)				
			SEP	6 1990

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico