State of New Mexico
Enc   Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION RECEIVED

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

SEP 21 '90

O. C. D.
ARTESIA, OFFICE

WELL API NO. 30-015-26131

5. Indicate Type of Lease   STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
LG-2987

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"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Wichita State

1. Type of Well:
   OIL WELL [ ]   GAS WELL [ ]   OTHER Dry

2. Name of Operator
   Siete Oil and Gas Corporation

3. Address of Operator
   POB 2523, Roswell, NM 88202-2523

8. Well No.
1

9. Pool name or Wildcat
Wildcat Morrow

4. Well Location

Unit Letter L : 1514 Feet From The South Line and 1068 Feet From The West Line

Section 16   Township 23S   Range 26E 25 NMPM   Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3981' GR

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	
PULL OR ALTER CASING [ ]		
OTHER:_____ [ ]		

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]	ALTERING CASING [ ]	
COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [X]	
CASING TEST AND CEMENT JOB [ ]		
OTHER:_____ [ ]		

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

7/11/90   TD 7 7/8" hole to 11300'.

7/14/90   Plugged well as follows: 1st plug set @ 10700' w/37 sxs CC, 2nd plug set @
10085' w/37 sxs CC, 3rd plug set @ 9100' w/37 sxs cC, 4th plug set @ 8517'
w/37 sxs CC, 5th plug set @ 5975' w/37 sxs CC, 6th plug set @ 5000' w/37 sxs CC/

7/15/90   7th plug set @ 2540' w/37 sxs CC, 8th plug set @ 455' w/37 sxs CC, set surface
plug w/20 sxs of CC, completed plugging, released rig.

Post FD-2
9-28-90

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____   TITLE Drilling Technician   DATE 9/19/90

TYPE OR PRINT NAME _____   TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Johnny Robinson   TITLE Oil and Gas INSPECTOR   DATE 5-3-91

CONDITIONS OF APPROVAL, IF ANY

OK
MS