District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO. 30-015-23709

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

6. State Oil & Gas Lease No. L-5367

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: State MA Com

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

2. Name of Operator: Siete Oil and Gas Corporation

8. Well No. 1

3. Address of Operator: P.O. Box 2523, Roswell, NM 88202-2523

9. Pool name or Wildcat: Willow Lake Bone Spring

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 3 Township 25S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2997.9' GL

RECEIVED
JUL - 5 '94
O. C. D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[XX]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			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.

Siete Oil and Gas Corporation proposes to open additional Bone Spring perfs and dispose of produce water into existing perfs and the new perfs.

Existing Perfs: 7287'-306', 7310'-17', 7405'-18'

RU, TIH & perf 7290'-7740' w/1 shot every 2', acidize w/5000 gals 15% HCl + ballsealers, frac if necessary, install plastic coated & 2 3/8" tbg @ ~~2700'~~ 7200' (JLM) convert to salt water disposal well.

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

SIGNATURE Cathy Bailey-Selly TITLE Reg. Spec. DATE 6/30/94

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Jim Johnson TITLE Acting Dist. Supervisor DATE 7-11-94

CONDITIONS OF APPROVAL, IF ANY:

(See Division Order No. R-10139)