

CST  
dpDISTRICT I  
P.O. Box 1980, Hobbs, NM 88240DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088WELL API NO.  
30-015-23709

5. Indicate Type of Lease

STATE ☒FEE ☐

6. State Oil &amp; 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.)

RECEIVED

1. Type of Well:

OIL  
WELL ☐GAS  
WELL ☐

OTHER SWD

2. Name of Operator

Siete Oil &amp; Gas Corporation

OCT 03 '94

3. Address of Operator

P.O. Box 2523, Roswell, NM 88202-2523

O. C. D.

ARTESIA, OFFICE

7. Lease Name or Unit Agreement Name

State MA Com

8. Well No.

1

9. Pool name or Wildcat

X Willow Lake Bone Spring

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East LineSection 3 Township 25S Range 28E NMPM Eddy County

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

2997.9' GL

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: Begin disposing produced water ☒

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐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.

Siete Oil and Gas respectfully requests permission to begin disposing of produced water into the above captioned. We have been authorized by the OCD director to operate it as a commercial salt water disposal well, case no. 10968 and order no. R-10139.

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

SIGNATURE

Cathy Batley-Seely

TITLE

Regulatory Specialist

DATE

9/30/94

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

OCT 12 1994

CONDITIONS OF APPROVAL, IF ANY: