

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

C CONSERVATION DIVISION

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

MAR 18 1994

WELL API NO.
30-015-27844

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
V-3743

7. Lease Name or Unit Agreement Name

Osceola State

8. Well No. 1

9. Pool name or Wildcat
Eddy Und Group 3

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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Siete Oil and Gas Corporation

3. Address of Operator

POB 2523, Roswell, NM 88202-2523

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 990 Feet From The East Line

Section 1 Township 25S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
2904' 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 ☐

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.

3/12/94 Spudded 17½" hole @ 10:30 am.

3/13/94 TD 17½" hole @ 6:15 am, RU & ran 14 jts 609' 13 3/8" 48# K-55 csg, set @ 605' w/350 sxs 35/65 POZC, 6% D-20, 3% CaCl, ¼# D-29, tail-in w/250 sxs "C", 2% CaCl, ¼# D-29, PD @ 2:15 pm, circ 45 sxs, WOC for 18 hrs.

3/14/94 NU BOP & test to 500# for 30 min, held ok, TIH w/12¼" bit & resumed drlg.

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

SIGNATURE Cathy Bathy-Seely TITLE Reg. Spec. DATE 3/16/94

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY SUPERVISOR DISTRICT II TITLE _____ DATE MAR 21 1994

CONDITIONS OF APPROVAL, IF ANY: