| DISTRICTI | CONSERVATION | ON DIVISION | - O |
|--|--|---|--|
| P.O. Box 2088 | | 88 | WELL API NO. 30-015-27844 |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | Santa Fe, New Mexico 87504-2088 | | 5. Indicate Type of Lease |
| DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 | | | STATE XX FEE |
| | | | 6. State Oil & Gas Lease No. V-3743 |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | |
| FORM C 101) FOR SUCH PROPOSAL A | | | 7. Lease Name or Unit Agreement Name |
| 1. Type of Well: OIL VI GAS | ş | ECEINED | |
| MEIT YY MEIT | OTHER | | Osceola State |
| 2. Name of Operator | | NN 16:94 | 8. Well No. |
| Siete Oil and Gas Co 3. Address of Operator | rporation | WW IO | 1 |
| P.O. Box 2523, Roswe | 11 NM 00000 0000 | 5 | 9. Pool name or Wildcat |
| 4. Well Location | 11, NH 00202-2523 | ARTESIA. OFFICE | Willow Lake Delaware |
| Unit Letter H: 1980 | Feet From The North | ARTES 1100 and 990 | O Feet From The East Line |
| Section 1 | Township 25S p. | 20.5 | |
| | Township 255 Ra 10. Elevation (Show whether | nge 28E N | NMPM Eddy County |
| | | , , a.b., , , , , , , , , , , , , , , , , , , | |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | | | |
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING | |
| PULL OR ALTER CASING CA | | CASING TEST AND CEN | |
| OTHER: | | | n Emanana Dir |
| JINEH. | U | OTHER: Hallical | n Emergency Pit |
| 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 respectfully requests permission to maintain an emergency pit facility at the Osceola State Battery. The dimensions of the pit are 8' X 15' X 6'. It will be used for emergency overflow only. We do not anticipate ever having to use this facility. But if something happens where the facility is needed, the fluids will be removed within 48 hrs of it being disposed of into the pit. The pit will also be fenced & screened to prevent any cattle accidents or any other kind of accidents. I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| SIGNATURE COLLY SOLLLY | -Dely mu | Reg. Spec. | PATE 6/15/94 |
| TYPE OR PRINT NAME | | | TELEPHONE NO. |
| (This space for State Use) | | | |
| SUPERVISOR, | | | DATE 7-6-94 |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | mus | | DATE |

District Office