

SUNDRY NOTICES AND REPORTS ON WELLS

See back of this form for instructions to drillers or to owners or producers of wells. (See also instructions on the APPLICATION FOR PERMIT-- on back of form.)

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dsf

<input checked="" type="checkbox"/> Well <input type="checkbox"/> Other NAME OF OPERATOR Siete Oil & Gas Corporation		FEB 16 '90 O. C. D. ARTESIA, OFFICE		1. DATE OF REPORT MADE
ADDRESS OF OPERATOR P.O. Box 2523 Roswell, NM 88202-2523		2. NAME OF LEASE Renegade Federal		3. WELL NO. 2
LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also notes on 37 below.) At surface 1980' FNL & 1980' FEL, SW $\frac{1}{2}$ NE $\frac{1}{4}$, Unit Letter G		4. TYPE AND TOOL ON WELLS Parkway Delaware		5. SEC. T. R. N. ON WELLS AND SURVEY ON AREA Sec. 35: T19S, R29E
6. PHONE NO 30-015-26005	7. DEVIATIONS (State whether in, on, or out) 3317' GR	8. COUNTY ON PERMITS Eddy	9. STATE NM	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		COMPLETION REPORT OF:	
<input type="checkbox"/> TEST WATER DEBIT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> DEPOSIT OR ACIDIZING <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other)	<input type="checkbox"/> WELL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON <input type="checkbox"/> CHANGE PLANE	<input type="checkbox"/> WATER DEBIT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input checked="" type="checkbox"/> DEPOSIT OR ACIDIZING <input type="checkbox"/> (Other) Cmt Squeeze	<input type="checkbox"/> REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT <input checked="" type="checkbox"/> (X)

(Note: Report results of multiple completions on Well Completion or Recumptions Report and Log form.)

37. DESCRIBE PROPOSED OR COMPLETE OPERATION (Clearly state all pertinent details, and give pertinent dates including estimated date of starting any proposed work. If well is directionally drilled, give substantial latitudes and bearings and true vertical depths for all markers and zones pertinent to this work.)

12/12/88 Kill well w/150 bbls 2% KCl, TOH w/tbg, TIH w/cmt retainer & tbg, set retainer @ 4070', pressure backside to 500 PSI, cement squeeze Delaware Perforations 4124'-4154' w/50 sks class C + additives, hesitation squeezed w/loast 3 bbls of slurry, after 6 hesitations achieved squeeze pressure of 2370 PSI, open tbg, flowed $\frac{1}{4}$ bbl, pressure tbg back to 2310, squeeze held, sting out of retainer, reverse tbg clean, POOH w/tbg, SION.

12/13/88 GIH w/4 3/4" bit, casing scraper, 4 drl collars & tbg. "

12/14/88 DO cmt, test cement squeeze to 1540 PSI, held ok, TIH w/tbg & pkr, perferd Delaware interval 4190'-4211' w/15 perfs, SION.

12/15/88 Spot 1 bbl acid across perfs, set pkr @ 4170', formation broke @ 1355, acidized w/1000 gal 15% HCl & 30 ballsealers, had no ball action, AIR-3 BPM, AIP-1100, max-1520, FPIP-1190, ISIP-600, swqbbd well to flow.

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 JAN 3 11 57 AM '89
 ARTESIA

38. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Drilling & Production Secretary DATE 12/28/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
 JAN 13 1989
 SCS