

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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" for such proposals.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY APR 28 1986 O. C. D. ARTESIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-025777	
2. NAME OF OPERATOR Siete Oil & Gas Corporation			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2523, Roswell, NM 88201			7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 1750' FNL & 990' FEL, SE/4 NE/4, Unit letter H			8. FARM OR LEASE NAME Geronimo Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, ST, OR, etc.) 3706' GR		9. WELL NO. 7
				10. FIELD AND FORT, OR WILDCAT Shugart - Grayburg - San Andres
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 24: T18S, R31E
				12. COUNTY OR PARISH Eddy
				13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Spud & set surf csg	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

4/21/86 - La Rue Drilling Co. Rig #2 MI - RU - spudded 12 1/4" hole @2:00 p.m.
- T.D. surface @7:45 p.m. @364' - ran 9 jnts. (347') of 8 5/8" 24# J-55 csg
- set shoe @362' - csg @361' float @321' - cmt'd w/230 sxs of Class "C" w/2% CaCl₂ & 1/4# cello flake - PD @10:45 p.m. - circ 20 sxs to surface.

4/22/86 - WOC 12 hrs. - RU BOP - tested system to 1000 psi for 30 min tested OK.

ACCEPTED FOR RECORD

APR 23 1986

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

SIGNED [Signature]

TITLE Vice President

DATE 4/22/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

