

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

**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 Form 9-331-C for such proposals.)

1. oil ☒ well    gas ☐ well    other ☐
2. NAME OF OPERATOR  
Petroleum Exploration Company, Inc.
3. ADDRESS OF OPERATOR  
P. O. Box 809, Roswell, New Mexico 88201
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FSL & 660' FEL  
AT TOP PROD. INTERVAL: SAME  
AT TOTAL DEPTH: SAME
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Re-Acidize	<input type="checkbox"/>	<input type="checkbox"/>

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.)\*

We propose to re-acidize the San Andres perforations 3707'-3748' (16 holes) with 5000 gallons of 20% Ne-Fe Acid. Following recovery of the load and acid water, the well will be put back on production.

5. LEASE NM-067707	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
7. UNIT AGREEMENT NAME ---	
8. FARM OR LEASE NAME Siete-Federal	
9. WELL NO. 1	
10. FIELD OR WILDCAT NAME Siete-San Andres	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T-8-S, R-31-E, N.M.P.M.	
12. COUNTY OR PARISH Chaves	13. STATE New Mexico
14. API NO. IC 30-005-70159-80	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 4211' GR	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Ronald E. Harrington TITLE President DATE November 18, 1980

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**APPROVED**  
  
NOV 21 1980  
  
DISTRICT SUPERVISOR

RECEIVED

DEC 1 1980

OIL CONSERVATION DIV