

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other Instructions on Re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
NM-56244

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Curry & Thornton Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Siete East-San Andres

11. SEC., T., R., M., OR BLK. AND
SUBST OR AREA

Sec. 11: T8S, R31E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

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 ☒ Gas Well ☐ Other ☐

1. NAME OF OPERATOR

Siete Oil & Gas Corporation

2. ADDRESS OF OPERATOR

P. O. Box 2523, Roswell, NM 88210

3. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements.
Use also space 17 below.)
At surface

2310' FSL, 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, GR, etc.)

4337' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANE ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

Temporarily Abandon ☒

(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.) *

We request Permission to Temporarily Shut this well in for 1 year effective
June 15, 1986.

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

SIGNED

TITLE Production Supervisor

DATE 8/29/86

(This space for Federal or State office use)

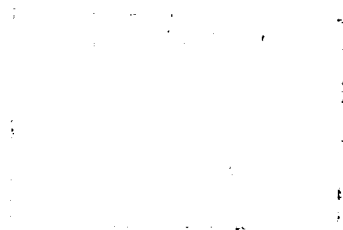
APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



RECEIVED
SEP 9 1986
HOBBS OFFICE