Submit 3 Copies to Appropriate District Office	State of New Mexico Ene. Minerals and Natural Resources Depa	artment Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVIS P.O. Box 2088	VION WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE XX FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 874	110	6. State Oil & Gas Lease No. V-988
(DO NOT USE THIS FORM FOR DIFFERENT RI (FOR	OTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAC ESERVOIR. USE "APPLICATION FOR PERMIT" IM C-101) FOR SUCH PROPOSALS.)	CK TO A 7. Lease Name or Unit Agreement Name
1. Type of Well: OL GAS WELL XX WELL	OTHER	Victorio State
2. Name of Operator		8. Well No.
Siete Oil & Gas (3. Address of Operator	Corporation	9. Pool name or Wildcat
P.O. Box 2523	Roswell, NM 88202-2523	Wildcat - Atoka
4. Well Location		
Unit Letter :	1650 Feet From The South Line and	d <u>660</u> Feet From The <u>West</u> Line
Section 31	Township 16S Range 38	BE NMPM Lea County
	10. Elevation (Show whether DF, RKB, RT, G	R, etc.)
<i>\</i>	3741.6' GR	
	ck Appropriate Box to Indicate Nature of N INTENTION TO:	otice, Report, or Other Data SUBSEQUENT REPORT OF:
PULL OR ALTER CASING		
OTHER:	OTHER:	erfd & treated
12. Describe Proposed or Completed (work) SEE RULE 1103.	Operations (Clearly state all pertinent details, and give pertinent	dates, including estimated date of starting any proposed
	hlumberger, GIH w/CBL, POOH, GIH & orations, POOH GIH w/pkr & tbg, SIC	
w/500 FPIP-	Set pkr @ 11460', pressure backside to 1000 PSI, held ok, acidized w/5000 gal 15% HCl, divert w/66 ballsealers, AIR-3 BPM, AIP-5000, FPIP-2100, ISIP-3800, max-6000 (balled out), min-4000, @ 5 min-2900, @ 10 min-2400, @ 15 min-2100, flowback 30-45 min, began swabbing.	
@ 480 AIR-7 began	ed 2/20,000 gal 20% gelled acid, st 0 PSI, increased to 8 BPM @ 5420 P 4.4 BPM, AiP-5280, max-5750, FPIP-5 5 flowback, recovered total load of " choke.	SI once acid was in formation, 690, ISIP-4100, @ 15 min-3400,
I hereby certify that the information above	is true and complete to the best of my knowledge and belief.	
SKONATURE Cath	Diffices me Drilli	ng & Production 4/18/89
		DATE 4/10/09
TYPE OR PRINT NAME	Ĵ	DATE
(This space for State Use)	Eddie W. Seay	TELEPHONE NO.
(This space for State Use)	Eddie W. Seay Dil & Gas Inspector	



OCD HOBBS OFFICE

APR 2 0 1999

Received

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