hereby certify that the for IGNED	Mother Co	TITLE Dr	illing Te	chnician		DATE 9/18/9	0
hereby certify that the for	regoing is true and co	rrect					
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Please change	Vour records	to indiant.					
DESCRIBE PROPOSED OR COX proposed work. If well nent to this work.) *	TPLETED OPERATIONS (E. I. is directionally drille	Hearly state all pertined. give subsurface lo	ent details, and cations and mea	Completion of give pertine sourced and tr	r Recomplet nt dates, in ne vertical	multiple completion lon Report and Log f icluding estimated da depths for all marks	on Well orm.) ite of startin
REPAIR WELL (Other)	CHANGE PL	1	Othe	Manager	nge of	operator	X
FRACTURE TREAT SHOOT OR ACIDIZE	MU LTIPLE ABANIAN®	!!	PRAC	R SHUT-OFF Tube treatme	1	REPAIRING ALTERING	j
TEST WATER SHUT OFF	f q	LTER CASING	İ			NT REPORT OF:	
NOTI	Check Appropriat	e Box To Indicate	Nature of N	Notice, Rep	ort, or Ot	Lea her Data	_ I NM
30-025-29556		SVATIONS (Show whether	'_GR		-	Sec. 21: T	SH 13. STAT
J. PERMIT NO.	er er e a <u>.</u>					SURVEY OR AD	RE A
POB 2523, Roswell, NM 88202-2523 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL & 330' FEL, SW4NE4, Unit Letter G						Wildcat Bone Spring	
						10. FIELD AND POOL	OR Wilner-
Siete Oil and Gas Corporation 3. ADDRESS OF OPERATOR						Federal "21C"	
WELL X WELL NAME OF OPERATOR	J OTHER	* * ***		······································		8. FARM OR LEASE	
OID, [7] GAS [7]	Use "APPLICATION FO	OR PERMIT of for eu	ch proposals.)	merent reserv	olr.	7. UNIT AGREEMENT	
	PRY NOTICES A DIT OF PROPOSALS to di Use "APPLICATION FO			LLS		6 IF INDIAN, ALLO	55913 TTRE OR THIR
SUND	D14 + 4					1 NM	

*See Instructions on Reverse Side