

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Expires August 31, 1985

LEASE DESIGNATION AND SERIAL
NM-67987

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Siete Oil and Gas Corporation	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 2523 Roswell, NM 88202-2523	8. FARM OR LEASE NAME Jade Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FN1 & 1650' FWL, SE $\frac{1}{4}$ NW $\frac{1}{4}$, Unit Letter F	9. WELL NO. 1
14. PERMIT NO. 30-025-29909	10. FIELD AND POOL OR WILDCAT East Shugart Delaware
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3712' GR	11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Sec. 19: T18S, R32E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:		FREQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANT <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input 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.)

8/14/89 RU, TOH w/rods, kill well, TOH w/tbg, RU Schlumberger & perforated 5166'-5190' w/17 perfs, TIH w/RBP & tbg, could not get to bottom, TOH w/tbg & RBP, round trip csg scraper, kill well, TIH w/csg scraper, SION.

8/15/89 RU Dowell Schlumberger & pump 200 bbls 2% KCl to hot water csg, TOH w/csg scraper, TIH w/RBP & tbg, set RBP @ 5260', circ hole clean w/2% KCl, spot 2 bbls acid over perfs, pull tbg above perfs, acidized w/1000 gal 7 $\frac{1}{2}$ % HCl plus 34 ballsealers, test RBP to 1110 PSI, held ok, formation broke @ 1220 PSI, AIR-2.98 BPM, AIP-1010, balled out @ 3100 PSI, surge balls, flush @ 3 BPM @ 1030 PSI, FPIP-1050, ISIP-370, max-3100 @ 15 min-0, TOH w/RBP & tbg, prep to frac tomorrow morning, SION.

8/16/89 Fraced w/50,000 gal 30# XL. 2000# 100 mesh, 48,000# 20/40 & 24,280# 12/20, AIR-22.5 BPM, AIP-800, FPIP-1290, max-1290, ISIP-970, @ 15 min-508, SION.

8/17/89 RU & ran rods & tbg, hung well on pump.

8/18/89 Power failure, no test.

8/19/89 Pumped 1 BO & 45 BW.

8/20/89 Pumped 27 BO & 150 BW.

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

SIGNED Cathy Butley TITLE Drlg & Prod Technician DATE 11/29/89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side