

DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)
BUREAU OF LAND MANAGEMENT

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Siete Oil and Gas Corporation	8. FARM OR LEASE NAME Inca Federal
3. ADDRESS OF OPERATOR P.O. Box 2523 Roswell, NM 88202-2523	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 760' FNL & 430' FWL, NW $\frac{1}{4}$ NW $\frac{1}{4}$, Unit Letter D	10. FIELD AND POOL OR WILDCAT Shugart Y-7Rvrs-Q-GB
14. PERMIT NO. 30-025-30039	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T18S, R32E
15. ELEVATIONS (Show whether OF, RT, GR, etc.)	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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Changed to WIW	<input checked="" 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.) *
- 7/14/90 Dump 250 gals xylene dn csg, RU Wellhead to circ xylene for 24 hrs to clean up wellbore.
- 7/15/90 RU Wellhead to pump xylene & oil to battery.
- 7/16/90 RU Real Well Service, TOH w/rods & tbq, RU Davis Tool, TIH w/4 3/4" bit, csg scraper, 4 DC & 2 3/8" tbq, start drlg CIBP @ 4244', SION.
- 7/17/90 Finish drlg CIBP, TIH to 4408', TOH & lay dn drl assembly, RU Schlumberger & perfed 4310'-4328' (1 shot/ft), RD Schlumberger, TIH w/model "R" pkr & 2 3/8" tbq to 4328', RU DS & spot 1 bbl acid over perfs, pull pkr to 4292' & set, start break, formation broke @ 2 BPM @ 150 PSI, communicated w/upper perfs, increase rate to 3 BPM @ 900 PSI, broke back to 650 PSI, SD & pull pkr to 4230' & set, acidized w/1000 gal 15% HCl + 32 BS, AIR-4 BPM @ 1900 PSI, balled out to 4000 PSI, surge balls, finish flush, ISIP-1300, @ 5 min-1200, @ 10 min-1110, @ 15 min-1050, SI, WO plastic tbq & waterflood to begin.

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

SIGNED Cathy B. B. B. B. B. TITLE Drilling Technician DATE 9/17/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

R B N

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