

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 1900
ROSWELL, NEW MEXICO

Expires August 31, 1985

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. WELL TYPE OIL WELL ☒ GAS WELL ☐ OTHER ☐		2. LEASE DESIGNATION AND SERIAL NO. NM 9016
3. NAME OF OPERATOR Siete Oil and Gas Corporation		4. IF APPLICABLE, ALLOTTEE OR TRUST NAME
5. ADDRESS OF OPERATOR P. O. Box 2523 Roswell, New Mexico 88202		6. UNIT ASSIGNMENT NAME
7. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FWL & 660 FNL NE/4 NW/4 Unit Letter C		8. NAME ON LEASE NAME Inca Federal
9. PERMIT NO. API # 30-025-30061		9. WELL NO. 7
10. ELEVATIONS (Show whether SV, HT, OR, etc.) 3768' GR		10. FIELD AND POOL, OR WILDCAT Young North Bone Spring
		11. SEC., T., R., M., OR S.E., AND QUARTY OR AREA Sec. 17: T18S, R32E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANE	☐
(Other)	☐		☐

SUBSEQUENT REPORT ON:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☒	ABANDONMENT*	☐
(Other)	☐		☐

(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 spaces pertinent to this work.)

1/15/88 Set CIBP @ 8450', perf. interval 8369'-8392' w/ 23 perfs.

1/16/88 Acidize interval 8369' 8392' w/5000 gals. 20% HCL @ 5 BPM
AIR - 1500 PSI, ISIP - 0 PSI. Swab well to flow.

1/17/88 Well flowed 801 BO and 48 BW on 22/64" choke. TP 820 PSI. Gas not measured.

ACCEPTED FOR RECORD

JAN 22 1988

SJS
CARLSBAD, NEW MEXICO

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

SIGNED [Signature] TITLE Production/Reservoir Engineer DATE 1/19/88

(This space for Federal or State office use)

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

*See Instructions on Reverse Side