

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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. NAME OF OPERATOR<br>Siete Oil and Gas Corporation                                                                                                                      |  | 2. LAND DESIGNATION AND SERIAL NO.<br>NM-9016                       |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 2523 Roswell, New Mexico 88202                                                                                                        |  | 3. IF INDICATED, ALLOTTEE OR TRUST NAME                             |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1980' FWL & 660' FNL NE/4 NW/4 |  | 4. UNIT AGREEMENT NAME                                              |  |
| 5. ELEVATION (Show whether BV, ST, OR, etc.)<br>3768' GR                                                                                                                  |  | 5. NAME OF LAND NAME<br>Inca Federal                                |  |
| 6. PERMIT NO.                                                                                                                                                             |  | 6. WELL NO.<br>7                                                    |  |
| 7. ELEVATION (Show whether BV, ST, OR, etc.)<br>3768' GR                                                                                                                  |  | 7. FUND AND FUEL, OR WILDCAT<br>Young                               |  |
| 8. COUNTY OR PARISH<br>Lea                                                                                                                                                |  | 8. SEC. T. R. M. OR ALG. AND<br>SUBST OR AREA<br>Sec. 17: T18S R32E |  |
| 9. STATE<br>NM                                                                                                                                                            |  | 9. COUNTY OR PARISH<br>Lea                                          |  |

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

| NOTICE OF INTENTION TO: |                          | SUBSEQUENT REPORT OF:                                                                                 |                                     |
|-------------------------|--------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------|
| TEST WATER SHUT-OFF     | <input type="checkbox"/> | WATER SHUT-OFF                                                                                        | <input type="checkbox"/>            |
| FRACURE TREAT           | <input type="checkbox"/> | FRACURE TREATMENT                                                                                     | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING                                                                                 | <input type="checkbox"/>            |
| REPAIR WELL             | <input type="checkbox"/> | (Other) Intermediate Casing                                                                           | <input checked="" type="checkbox"/> |
| (Other)                 | <input type="checkbox"/> | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |                                     |

11. 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.)

12/4/87 WEK Rig #2 T.D. 12 1/4" hole to 2400' @ 3:35 p.m.  
Ran 63 jts. 8 5/8" 24# ST&C Casing (2403.05'). Set  
@ 2399' KB - Cemented w/600 sks. 35/65 POZ, 6% D-20,  
8# Salt, 1/4# D-29. Tailed in w/200 sks. HEII, 2% S-1.  
Plug down @ 12:30 a.m. 12/5/87.

WOC 18 hours

Test casing & BOP to 600 PSI for 30 minuted - held ok.

RECEIVED  
DEC 9 10 45 AM '87  
CARTER

SJS

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

|                                              |                                           |                     |
|----------------------------------------------|-------------------------------------------|---------------------|
| SIGNED <u>H. O. Justel</u>                   | TITLE <u>V.P. Drilling and Production</u> | DATE <u>12/8/87</u> |
| (This space for Federal or State office use) |                                           |                     |
| APPROVED BY _____                            | TITLE _____                               | DATE _____          |
| CONDITIONS OF APPROVAL, IF ANY:              |                                           |                     |

\*See Instructions on Reverse Side