

November 1983)
Formerly 9-231)

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. NAME OF OPERATOR Siete Oil & Gas Corporation		2. LEASE INFORMATION AND SERIAL NO. NM 9016	
3. ADDRESS OF OPERATOR P. O. Box 2523 Roswell, New Mexico 88202-2523		3. BY INDIC, ALLOTTED OR YOUR NAME	
4. 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		7. UNIT AGREEMENT NAME	
5. PERMIT NO.		8. NAME OF LEASE NAME Inca Federal	
6. ELEVATIONS (Show whether SP, TV, GR, etc.) 3768' GR		9. WELL NO. 7	
		10. FIELD AND POOL, OR WILDCAT Young	
		11. GCS, T, L, M, OR SLE AND INVEST 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	☐	FILL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANE	☐
(Other)			

SUBSEQUENT ACTIONS OF:

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 zones pertinent to this work.)

Amend T.D. to 9200'.

RECEIVED
OCT 20 12 01 PM '87
CARLETON COUNTY
AREA FIELD OFFICERS

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

SIGNED Thurman D. Justice

TITLE V. P. Drilling & Production

DATE October 26, 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

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OF 2
CONF. OFFICE