

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OFFICE OF LAND SURVEY

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 and Gas Corporation		2. NAME OR LEASE NAME Conoco Federal	
3. ADDRESS OF OPERATOR P. O. Box 2523 Roswell, New Mexico 88202		3. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 660 FWL NW/4 SW/4 Unit Letter L		10. STATE AND FOLIO OR WILCOAT E. Shugart Delaware	
14. PERMIT NO. API # 30-025-30187		11. SEC. T. R. M. OR ALB. AND SUBST. OR AREA Sec. 19; 18S R32E	
15. ELEVATIONS (Show whether BV, ST, OR, etc.) 3716' GR		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT ON:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACURE TREAT	☐	FRACURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other) Amended T.D.	☐
(Other)	☐	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	☐
PILL OR ALTER CASING	☐	REPAIRING WELL	☐
MULTIPLE COMPLETS	☐	ALTERING CASING	☐
ABANDON*	☐	ABANDONMENT*	☒
CHANGE PLANE	☐		

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.)

1/5/88 - Amend T.D. from 5500' to 5650'.

SJS

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

SIGNED L. E. H. [Signature] TITLE Production/Reservoir Engineer DATE 1/6/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side