

DEPARTMENT OF THE INTERIOR 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 mineral reservoir. See APPLICATION FOR PERMIT-- for such proposals.)		NM-17807	
NAME OF OPERATOR Siete Oil & Gas Corporation		NAME OF LAND OWNER Quanah Federal	
ADDRESS OF OPERATOR P.O. Box 2523 Roswell, NM 88202-2523		WELL NO. 1	
LOCATION OF WELL (Report location clearly and in accordance with any State requirements. For also see 11 below.) At surface 330' FSL & 2310' FWL, SE $\frac{1}{4}$ SW $\frac{1}{4}$, Unit letter N		10 NAME AND LOCATION OF SURVEY Querecho Plains upper BS Young-Wolfeamp	
		11 SEC. T. R. M. OR B.L. AND QUARTER OR ADDL Sec. 14: T18S, R32E	
6. PERMIT NO. 30-025-30445	11 ELEVATIONS (Show whether OF, BT, OR, ORL) 3792' GR	12 COUNTY OR PARISH Lea	13 STATE NM

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

NOTICE OF INTENTION TO:		COMPLETION REPORT OF:	
TEST WATER SHUT-OFF	WELL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETS	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANE	(Other)	
(Other)		(Note: Report results of multiple completion on Well Completion or Recombination Report and Log form.)	

7. 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 open parts (omit in this work).)*

11/09/88 Fraced w/38,000 gal 40# XL, 88,000# 16/30 sand and 25,000# RCS, AIR-20 BPM, AIP-3450, max-3808, ISIP-2733, @ 5 min-2559, @ 10 min-2472, @ 15 min-2408, SION, begin swabbing tomorrow.

RECEIVED
NOV 17 11 24 AM '88
CARLSBAD RESOURCE
AREA HEADQUARTERS

I hereby certify that the foregoing is true and correct

SIGNED <u>Cathy Batley</u>	TITLE <u>Drilling/Production Secretary</u>	DATE <u>11/15/88</u>
(This space for Federal or State other use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

ACCEPTED FOR RECORD

NOV 18 1988

SJS

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

1. This form is to be used for reporting operations and activities to make to any department or agency of the