

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other Instructions on Form 3100-2)

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<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                  |                                                            | 2. LAND OR LEASE NAME<br>Kachina Federal                                 |                 |
| 3. NAME OF OPERATOR<br>Siete Oil and Gas Corporation                                                                                                           |                                                            | 3. WELL NO.<br>1                                                         |                 |
| 4. ADDRESS OF OPERATOR<br>P. O. Box 2523 Roswell, New Mexico 88202                                                                                             |                                                            | 10. STATE AND COUL, OR WILDCAT<br>W. Lusk Delaware                       |                 |
| 5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>1980' FNL & 660' FWL |                                                            | 11. SEC. T., R., M., OR B.L. AND<br>QUARTER OR ABL<br>Sec. 6: T20S, R32E |                 |
| 12. PERMIT NO.<br>API # 30-025-70214                                                                                                                           | 13. ELEVATIONS (Show whether OF, ST, OR, etc.)<br>3494' GR | 12. COUNTY OR PARISH<br>Lea                                              | 13. STATE<br>NM |

14. 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"/> | FILL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                                                               | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>                                                           | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input checked="" type="checkbox"/>  | SHOOTING OR ACIDIZING <input type="checkbox"/>                                                        | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANE <input type="checkbox"/>         | (Other) <input type="checkbox"/>                                                                      | (Other) <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |                                               | (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.) \*

1. Pump 200 sks. cement or as much as possible down 7" annulus
2. Set Cast Iron Bridge Plug @ 5800'±
3. Circulate hole w/10# mud - Test CIBP to 1000 PSI
4. Set 8 sk. plug on top of CIBP 5800' to 5700'
5. Set 8 sk. plug across 7" casing shoe 4200' to 4100'
6. Set 8 sk. plug across 8 5/8" casing shoe 2525' to 2425'
7. Set 8 sk. plug across 13 3/8" casing shoe 875' to 775'
8. Set 8 sk. plug @ surface 100' to 0

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DEC 22 10 53 AM '87  
OIL & GAS DIVISION  
AREA HEADQUARTERS

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

|                                              |                                            |                               |
|----------------------------------------------|--------------------------------------------|-------------------------------|
| SIGNED <u>[Signature]</u>                    | TITLE <u>V. P. Drilling and Production</u> | DATE <u>December 21, 1987</u> |
| (This space for Federal or State office use) |                                            |                               |
| APPROVED BY <u>[Signature]</u>               | TITLE <u>[Signature]</u>                   | DATE <u>1-5-88</u>            |
| CONDITIONS OF APPROVAL, IF ANY:              |                                            |                               |

\*See Instructions on Reverse Side