

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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SLM

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

*Sigs operating Div. c/o*  
MOUNTAIN STATES PETROLEUM CORP.

3. Address and Telephone No.

P O BOX 3531, MIDLAND, TX 79702 915/685-0878

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

890' FNL & 890' FEL Sec. 27, T29N, R14W, NMPM

5. Lease Designation and Serial No.

14-20-603-2168A

6. If Indian, Allottee or Tribe Name

Navajo Nation

7. If Unit or CA, Agreement Designation

NW Cha Cha Unit

8. Well Name and No.

NW Cha Cha Unit #39

9. API Well No.

30-045-07920

10. Field and Pool, or Exploratory Area

Cha Cha Gallup

11. County or Parish, State

San Juan, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Add perfs. acidize

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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. Add perforations in Gallup unitized interval 5305-08, 5310-5317, w/3 SPF .5" holes.
2. Acidize
3. Work to commence mid-August 1995.

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AUG - 8 1995  
OIL CON. DIV.  
DIST. 8

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

Signed Chip Haraden Title Agent

(This space for Federal or State office use)

Date July 25, 1995

APPROVED

Approved by \_\_\_\_\_ Title \_\_\_\_\_  
Conditions of approval, if any:

Date JUL 31 1995

Chip Haraden

DISTRICT MANAGER

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false statement or representations as to any matter within its jurisdiction.