

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires July 31, 1996

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other WIW

2. Name of Operator
MOUNTAIN STATES PETROLEUM CORP.

3a. Address
P O BOX 3531, MIDLAND, TX 79702

3b. Phone No. (include area code)
915/685.0878

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1780' FSL & 835' FEL Unit I Sec. 21 T29N R14W NMPM

5. Lease Serial No.
14-20-603-2199

6. If Indian, Allottee or Tribe Name
NAVAJO NATION

7. If Unit or CA/Agreement, Name and/or No.
NW CHA CHA UNIT

8. Well Name and No.
NW CHA CHA UNIT 24

9. API Well No.
30-045-07990

10. Field and Pool, or Exploratory Area
CHA CHA GALLUP

11. County or Parish, State
SAN JUAN, NEW MEXICO

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

At request of EPA, Mechanical Integrity Test was performed September 30, 1997.

See attached Annular Pressure Test.

RECEIVED
OCT 30 1997
OIL CON. DIV.
DIST. 3

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

Name (Printed/Typed)
Brian M. Sirgo

Title
Agent

Signature

Date
October 22, 1997

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

ACCEPTED FOR RECORD

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

OCT 28 1997

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, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

ANNULAR PRESSURE TEST

(Mechanical Integrity Test)

Operator Sirgo Operating, Inc.

Date of Test 9-30-97

Well Name NW Cha Cha # 24

EPA Permit No. _____

Location Sec. 21, T29N-R14W

Tribal Lease No. 14-20-603-2179

State and County San Juan County, NM

Continuous Recorder? YES ☒ NO ☐

Pressure Gauge? YES ☐ NO ☒

Bradenhead Opened? YES ☐ NO ☒

Fluid Flow? YES ☐ NO ☐

<u>TIME</u>	<u>ANNULUS PRESSURE, psi</u>	<u>TUBING PRESSURE, psi</u>
<u>10:50</u>	<u>790 795</u>	<u>0</u>
<u>10:55</u>	<u>790</u>	
<u>11:00</u>	<u>785</u>	
<u>11:10</u>	<u>780</u>	
<u>11:20</u>	<u>775</u>	

MAX. INJECTION PRESSURE: _____ PSI

MAX. ALLOWABLE PRESSURE CHANGE: _____ PSI (TEST PRESSURE X 0.05)

REMARKS: Passed? Failed? If failed, cease injection until well passes MIT (40CFR§144.21(c)(6)).

PASSED M.I.T.

Sam Billington

COMPANY REPRESENTATIVE: (Print and Sign)

9-30-97

DATE

Melvin Capitan Jr.

INSPECTOR: (Print and Sign)

9-30-97

DATE

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTICE OF INSPECTION

Address (EPA Regional Office) Region 9 Environmental Inspection Agency 215 Fremont Street (W-6-2) San Francisco, CA 94105	Inspection Contractor NAVAJO EPA - GPCP Groundwater Pollution Control P.O. Box 1979 Shiprock, NM 87420-1979	Firm To Be Inspected Sirgo Operating Inc. 607 South Miller Ave. Farmington, NM 87401
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Date 9-29-97	Notice of Inspection is hereby given according to Section 1445(b) of the Safe Drinking Water Act (42 U.S.C. §300 f et seq.).
Hour 8:30 AM	

Reason For Inspection

For the purpose of inspecting records, files, papers, processes, controls and facilities, and obtaining samples to determine whether the person subject to an applicable underground injection control program has acted or is acting in compliance with the Safe Drinking Water Act and any applicable permit or rule.

NCCU # 46, WATER INJECTION WELL, M.I.T. - PASSED
NCCU # 60, WATER INJECTION WELL, M.I.T. - PASSED
NCCU # 37, WATER INJECTION WELL, M.I.T. - PASSED
NCCU # 26, WATER INJECTION WELL, M.I.T. - PASSED
NCCU # 30, WATER INJECTION WELL, M.I.T. - PASSED
NCCU # 24, WATER INJECTION WELL, M.I.T. - PASSED
NCCU # 35, WATER INJECTION WELL, M.I.T. - PASSED

Section 1445(b) of the SDWA (42 U.S.C. §300 j-4 (b) is quoted on the reverse of this form.

Receipt of this Notice of Inspection is hereby acknowledged.

Firm Representative <i>Sam Bellington</i>	Date 9-29-97	Inspector <i>M.L. Gtz</i>
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