

☐ AMENDED REPORT

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

' Operator name and Address Mountain States Petroleum Corp. P. O. Box 3531 Midland, TX 79702		' OGRID Number 147701
		' Reason for Filing Code New OGRID Number
' API Number 30-045-29121	' Pool Name Cha Cha Gallup	' Pool Code 11880
' Property Code 8095 17451	' Property Name NW Cha Cha Unit	' Well Number 32

II. ¹⁰ Surface Location

U/ or lot no.	Section	Township	Range	Lot/Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
M	22	29N	14W		849	South	682	West	San Juan

" Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
" Lee Code N	" Producing Method Code P	" Gas Connection Date			" C-129 Permit Number		" C-129 Effective Date		" C-129 Expiration Date

III. Oil and Gas Transporters

" Transporter OGRID	" Transporter Name and Address	" POD 1947810	" O/G	" POD ULSTR Location and Description
009018	Giant Refining Co. P O Box 12999 Scottsdale AZ 85267	2813506	O	Battery L NW Cha Cha Unit

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IV. Produced Water

POD 2813548	POD ULSTR Location and Description	OIL CON. DIV. DIST. 3
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V. Well Completion Data

" Spud Date	" Ready Date	" TD	" PBTD	" Perforations
" Hole Size	" Casing & Tubing Size	" Depth Set	" Sacks Cement	

VI. Well Test Data

" Date New Oil	" Gas Delivery Date	" Test Date	" Test Length	" Tbg. Pressure	" Csg. Pressure
" Choke Size	" Oil	" Water	" Gas	" AOF	" Test Method
" Libby certificate of analysis					

" I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name: M. A. Sirgo, III

Title: Agent

Date: August 10, 1995 Phone: 915/685-0878

OIL CONSERVATION DIVISION

Approved by:

SUPERVISOR DISTRICT #3.

Title:

Approval Date:

AUG 14 1995

* If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name _____

Title

Date _____