

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
MAIL ROOM

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. 14-20-603-2168A
2. Name of Operator MOUNTAIN STATES PETROLEUM CORP.	6. If Indian, Allottee or Tribe Name Navajo Nation
3. Address and Telephone No. P O BOX 3531, MIDLAND, TX 79702 915/685-0878	7. If Unit or CA, Agreement Designation NW Cha Cha Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 436' FNL & 1892' FWL Unit C, Sec.27, T29N, R14W, NMPM	8. Well Name and No. NW Cha Cha Unit #37
	9. API Well No. 30-045-29122
	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	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)*

We are still evaluating results of our recent completion of Unit Well #48. We request a 90-day extension to initiate completion of this well.

THIS APPROVAL EXPIRES DEC 15 1995

RECEIVED
SEP 13 1995
OIL CON. DIV.
DET. 8

14. I hereby certify that the foregoing is true and correct
Signed [Signature] Title Agent Date Sept. 6, 1995
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

APPROVED

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.

*See Instruction on Reverse Side

NMCOO

SEP 15 1995
DISTRICT MANAGER