

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 X Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other	5. Lease Designation and Serial No. 14-20-603-2199
2. Name of Operator Mountain States Petroleum Corporation	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 N.W. Cha Cha Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2077' FSL & 317' FEL Unit I, Section 22, T-29-N, R-14-W 2105' FSL & 851' FEL Unit I, Section 22, T-29-N, R-14-W	8. Well Name and No. N.W. Cha Cha Unit # 26
	9. API Well No. 30-045-29187
	10. Field and Pool, or Exploratory Area Cha Cha (Gallup)
	11. County or Parish, State San Juan County, New Mexico

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"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input checked="" type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<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 depth for all markers and zones pertinent to this work.)*

Well # 26 will be converted to an injection well

RECEIVED
JAN 31 1997

OIL CON. DIV.
DIST. 3

RECEIVED
BLM
97 JAN 28 AM 8:49
070 FARMINGTON, NM

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

Signed Robert L. Rose Title Agent for Mountain States Petroleum Corporation Date 1-23-97
(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
Date _____

JAN 29 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 false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

FARMINGTON DISTRICT OFFICE

*See Instruction on Reverse Side

NMOCO