

**NMOCC COPY**  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE  
(Other instructions on reverse side)

*Copy to 27*

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-13986

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

1. OIL WELL  GAS WELL  OTHER  **Drilling Well** **RECEIVED**

2. NAME OF OPERATOR  
**Mountain States Petroleum Corporation** ✓ **MAR 21 1978**

3. ADDRESS OF OPERATOR  
**P. O. Box 1936, Roswell, New Mexico 88201**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
**660' FNL & 2310' FWL**

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Trigg Federal**

9. WELL NO.  
**1**

10. FIELD AND POOL, OR WILDCAT  
**Wildcat**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**26-T13S-R27E**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3565 GL**

12. COUNTY OR PARISH | 13. STATE  
**Chaves Co. | NM**

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Commencement</u> <input checked="" type="checkbox"/>	

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

17. 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.)\*

- 2-20-78 Moved in spudder to drill surface hole. Spudded 10 AM.
- 3-14-78 Ran 162' of 8-5/8" 32# surface casing. Cemented with 80 sxs Class C. Circulated. Rigged up rotary rig. WOC 18 hrs. Tested casing to 500 psi 30 min. Tested ok.
- 3-15-78 Drilling cement.

**RECEIVED**  
**MAR 17 1978**  
**U.S. GEOLOGICAL SURVEY**  
**ARTESIA, NEW MEXICO**

18. I hereby certify that the foregoing is true and correct  
SIGNED KC Havenor TITLE Geologist DATE 3/15/78

(This space for Federal or State office use)  
APPROVED BY Lee S. Lara TITLE ACTING DISTRICT ENGINEER DATE MAR 20 1978  
CONDITIONS OF APPROVAL, IF ANY: