

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
Artesia, NM 88210

2. LEASE DESIGNATION AND SERIAL NO. **NM 14760 B**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME **Union**

9. WELL NO. **#7**

10. FIELD AND POOL, OR WILDCAT **Comanche SA**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA **ST4-T11-R26E**

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

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

2. NAME OF OPERATOR **Mountain States Petroleum Corp.** **NOV 16 '88**

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 **NW1/4 NW 1/4** **660/N** **390/W**

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input 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.)

Nov. 10, 1988

We are planning to reperfurate and to reacidize the production zone on or about Nov. 15, 1988. We will contact BLM to get a production test witness to approve our new production.

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

SIGNED Roger P. Clayton TITLE Agent DATE 11/10/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
PETER W. CHESTER
NOV 14 1988
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA