Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1904-0135 Expires November 30, 2000

5. Lease Serial No.

NOG-8104-1117

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enterior 3 AM 9: abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on reverse side				NOG-8104-1117 J. If Indian, Allottee or Tribe Name NAUAJO 7. If Unit or CA/Agreement, Name and/or No.						
						1. Type of Well				
						Oil Well Gas Well Other 2. Name of Operator MOUNTAIN STATES PETROLEUM CORP.				8. Well Name and No.
NAVAJO 29-6 9. API Well No.										
3a. Address P.O. BOX.	51166	3b. Phone No. (inclu	de area code)	30-045-25443						
AMARILLO, TX 79159-1166 806-355-5679 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1820' FSL & 975' FWL SEC. 29 TWP. 27 PORTH RGE. 19 WEST				10. Field and Pool, or Exploratory Area BIG GAP ORGAN ROCK 11. County or Parish, State SAN JUAN Co., NM						
									REPORT, OR OTHER DATA	
					TYPE OF SUBMISSION		1"	YPE OF ACTION		
	Acidize	Deepen .	Production (Sta	Resume Water Shut-Off						
Notice of Intent	Alter Casing	Fracture Treat	Reclamation	Well Integrity						
Subsequent Report	Casing Repair	New Construction	Recomplete	Other						
C Elect Abandana Maria	Change Plans	Plug and Abandon	Temporarily A	bandon						
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal							
INSTALLED WELL TO			ANKS. KI	ETURNED						
				APR 2003						
I hereby certify that the foregoin Name (Printed/Typed)	g is true and correct									
	RRIGAN	Title	GEOLOG	iist						
Signature See Was	Kunn	Date	3-20-0	3						
	THIS SPACE	FOR FEDERAL OR ST								
		1								
pproved by conditions of approval, if any, are a	Hacked Americal of this and	Tis	le	ACCEPTED FOR RECORD						
columnis or approval, it any, are a crify that the applicant holds legal thich would catitle the applicant to co	or equitable title to those righ	en in the multiped lanes.	fice	UAM ich apitimaatin						