Form 3160-5 (Junc 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR

|   | FORM APPROVED                       |
|---|-------------------------------------|
| i | Budget Bureau No. 1004-0135         |
|   | Expires: March 31, 1993             |
|   | 5. Lesse Designation and Serial No. |

|    |      | expires: | MARCH   | 21' LA | 13 |
|----|------|----------|---------|--------|----|
| 5. | Lasc | Designat | ion and | Scriel | N  |

| BUREAU OF                                                                                                                                                                                                                                                                                                                                                                                       | 97 1.22 - 1 211 41                                  |                                                                                                          |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                 | 5. Lease Designation and Scrial No.                 |                                                                                                          |  |  |  |  |
| SUNDRY NOTICES                                                                                                                                                                                                                                                                                                                                                                                  | 14-20-603-2172 6. If Indian, Allottoc or Tribe Name |                                                                                                          |  |  |  |  |
| Do not use this form for proposals to d                                                                                                                                                                                                                                                                                                                                                         | 6. It indian, Allottee or Tribe Name                |                                                                                                          |  |  |  |  |
| Use "APPLICATION FO                                                                                                                                                                                                                                                                                                                                                                             | Navajo Nation                                       |                                                                                                          |  |  |  |  |
| SUBMI                                                                                                                                                                                                                                                                                                                                                                                           | 7. If Unit or CA, Agrocment Designation             |                                                                                                          |  |  |  |  |
| 1. Type of Well .                                                                                                                                                                                                                                                                                                                                                                               | NW Cha Cha Unit                                     |                                                                                                          |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                                                                          |  |  |  |  |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                             |                                                     | 8. Well Name and No.                                                                                     |  |  |  |  |
| MOUNTAIN STATES PETROLEU                                                                                                                                                                                                                                                                                                                                                                        | W CODD                                              | NW Cha Cha Unit 68                                                                                       |  |  |  |  |
| 3. Address and Telephone No.                                                                                                                                                                                                                                                                                                                                                                    | in CORP.                                            | 9. API Well No.                                                                                          |  |  |  |  |
| P O BOX 3531, MIDLAND, T                                                                                                                                                                                                                                                                                                                                                                        | Y 79702 1015/605_0070                               | 30-045-07692                                                                                             |  |  |  |  |
| 4. Location of Well (Footage, Soc., T., R., M., or Survey I                                                                                                                                                                                                                                                                                                                                     | A 79702 915/685-0878                                | 10. Field and Pool, or Exploratory Area                                                                  |  |  |  |  |
| , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                         |                                                     | Cha Cha Gallup                                                                                           |  |  |  |  |
| 1980' FNL & 1980' FEL Sec                                                                                                                                                                                                                                                                                                                                                                       | 25 m20M D14W NADM                                   | 11. County or Parish, State                                                                              |  |  |  |  |
| 1700 IND & 1200 FEL Sec                                                                                                                                                                                                                                                                                                                                                                         | . 33, 129N, RI4W, NMPM                              | San Juan, NM                                                                                             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                                                                          |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 | (s) TO INDICATE NATURE OF NOTICE, REPOR             | RT, OR OTHER DATA                                                                                        |  |  |  |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                              | TYPE OF ACTION                                      |                                                                                                          |  |  |  |  |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                | Abandonment TA                                      | Change of Plans                                                                                          |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 | Recompletion                                        | New Construction                                                                                         |  |  |  |  |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                               | Plugging Back                                       | Non-Routine Fracturing                                                                                   |  |  |  |  |
| <b>—</b>                                                                                                                                                                                                                                                                                                                                                                                        | Casing Repair                                       | Water Shut-Off                                                                                           |  |  |  |  |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                        | Altering Casing                                     | Conversion to Injection                                                                                  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 | Cuther                                              | _ U Dispose Water                                                                                        |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     | (Note: Report results of multiple completion on Well<br>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 request permission to temporarily abandon Well No. 68 for further use in ongoing redevelopment project.                                                                                                                                                                                                                                                                                      |                                                     |                                                                                                          |  |  |  |  |
| In order to retain the wellbore utility of this well for future development in the Phase II area (SE 1/3 of the unit), we request permission to temporarily abandon this well. We anticipate to have the Phase I (center 1/3 of the unit) finished by the end of April and begin injection by May. This TA would allow sufficient time to evaluate the results of this infill drilling program. |                                                     |                                                                                                          |  |  |  |  |
| See attached procedure.                                                                                                                                                                                                                                                                                                                                                                         | DECEINED                                            |                                                                                                          |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     | M APR - 8 1997                                                                                           |  |  |  |  |
| This work will be con                                                                                                                                                                                                                                                                                                                                                                           | npleted by September 30, 199.                       | OIL CON. DIV.<br>DIST. 3                                                                                 |  |  |  |  |
| 4. I hereby certify that the foregoing is true and porrect                                                                                                                                                                                                                                                                                                                                      | npleted by September 30, 199.                       |                                                                                                          |  |  |  |  |
| signed grante - Jo                                                                                                                                                                                                                                                                                                                                                                              | Tide Agent                                          | Date 4/1/97                                                                                              |  |  |  |  |
| (Dus space for Federal or State office use)                                                                                                                                                                                                                                                                                                                                                     | - 1276                                              | APR 0.3 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 any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. NMOCD