Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

N.M. Oil Cons. Division ORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

BUREAU OF LAND	MANAGEMENT Artesia. NA	88210-2834 Designation and Serial No.
SUNDRY NOTICES AND	REPORTS ON WELLS	6. If Indian, Allottee or Tribe Name
Do not use this form for proposals to drill or t	o deepen or reentry to a different re	eservoir.
Use "APPLICATION FOR PER	IMIT—" for such proposals	
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
		SRM-1176
Type of Well Oil Gas		8. Well Name and No.
Oil Swell Swell Other 2 Name of Operator V		Barnhill Federal #1
Mountain States Petroleum Corporation		9. API Well No.
3 Address and Telephone No		30-005-64017
P.O. Box 1936, Roswell, NM 88202-1936		10. Field and Pool, or Exploratory Area
4 Location of Well (Footage, Sec., T., R., M., or Survey Description)		Grayburg County or Parish, State
NENW, Section 17, T14S, R28E		Chaves Co., New Mexico
660 FNL + 1980 FWL		
12 CHECK APPROPRIATE BOX(s) TO		
TYPE OF SUBMISSION	TYPE OF	F ACTION
Notice of Intent	Abandonment	Change of Plans
	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing Water Shut-Off
Final Abandonment Notice	Casing Repair Altering Casing	Conversion to Injection
That Abandonness Votice	Other	Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log (orm.)
13. Describe Proposed or Completed Operations (Clearly state all pertine	ent 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	is for all markers and zones permient to this work.	
Gas Market is still soft f	or the Sams Ranch high	n nitrogen gas.
We hereby request Shut-In	Status for 24 months.	-
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14. I hereby certify that the foregoing is true and correct		
Signed Suby Wikerskam	Agent Title	Date 10-26-99
(This space for Rederal or State office use)	Pc	11 8-60
Approved by Title		Date
Conditions of approval, if any:		