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N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

<p>1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other</p> <p>2. Name of Operator Mountain States Petroleum Corporation</p> <p>3. Address and Telephone No. P.O. Box 1936, Roswell, NM 88202-1936 505-623-7184</p> <p>4. Location of Well (Footage, Sec., T., R., M., or Survey Description) NESW Section 15, T14S, R28E</p>	<p>5. Lease Designation and Serial No. NM8363-MSP</p> <p>6. If Indian, Allottee or Tribe Name</p> <p>7. If Unit or CA, Agreement Designation</p> <p>8. Well Name and No. Hanlad #2</p> <p>9. API Well No. 30-005-60449</p> <p>10. Field and Pool, or Exploratory Area Grayburg</p> <p>11. County or Parish, State Chaves Co., NM</p>
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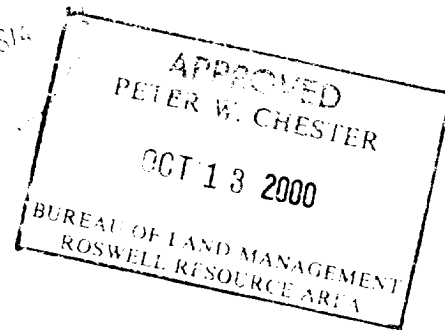
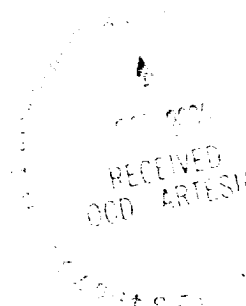
CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<p><input checked="" type="checkbox"/> Notice of Intent</p> <p><input type="checkbox"/> Subsequent Report</p> <p><input type="checkbox"/> Final Abandonment Notice</p>	<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p><input type="checkbox"/> Abandonment</p><p><input type="checkbox"/> Recompletion</p><p><input type="checkbox"/> Plugging Back</p><p><input type="checkbox"/> Casing Repair</p><p><input type="checkbox"/> Altering Casing</p><p><input type="checkbox"/> Other _____</p></div><div style="width: 48%;"><p><input type="checkbox"/> Change of Plans</p><p><input type="checkbox"/> New Construction</p><p><input type="checkbox"/> Non-Routine Fracturing</p><p><input type="checkbox"/> Water Shut-Off</p><p><input type="checkbox"/> Conversion to Injection</p><p><input type="checkbox"/> Dispose Water</p></div></div>

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

5. 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.)*

On or before 4-14-01 we intend to MIRI, Tag TD, POH.
Set CIBC @ 1640'.
Set 1st plug @ 1666'. Pump 35 sacks class c.
Circulate hole @ 150 Bbls.
Set 2nd plug @ 400'. Pump 35 sacks.
Set 3rd plug @ surface. Pump 25 sacks.
Set marker and level location.



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

Signed <u>Paul Clayton</u>	Title <u>Agent</u>	Date <u>10-10-00</u>
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(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: _____

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OCT 11 2000
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