

RECEIVED BY

JUL 30 1984

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYDrawer DD
Artesia, NM5. LEASE
88210 036718

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Brotar Federal9. WELL NO.
#3

10. FIELD OR WILDCAT NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA
19-15-28E12. COUNTY OR PARISH
Chaves13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

SUNDY 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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other2. NAME OF OPERATOR
Mountain States Petro. Corp.3. ADDRESS OF OPERATOR
P. O. Box 1936 Roswell, New Mexico 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 990 FNL & FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐

(other) Update on status of well.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

06-23-84 Pulled tubing & re-ran tubing with Checkmate. Profile nipple and packer. Set Packer at 8906'.

07-03-84 Ran Geosource casing gun and perf upper zone 8737' thru 8744'. 8 shots, ran on-off tool and packer (Arrowset II) Set packer at 8650'. Started swabbing.

07-06-84 Acid clean up job using Western Co. 2000 gal. MS acid, 100,000 cu ft. nitrogen. Press 4800 lbs. at 5bbl per min. When job was complete started swabbing.

07-07-84 SITP 1650. Swab load.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED KC Haveron by R.W. TITLE Geologist DATE 07/25/84

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL

ACCEPTED FOR RECORD

PETER W. HESTER

JUL 27 1984

TITLE _____

DATE _____