

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

NM OIL CONS.  
Drawer DD  
Artesia, NM

RECEIVED BY  
OCT 15 1984  
O. C. D.  
ARTESIA, OFFICE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Brotar Federal  
9. WELL NO.  
#3  
10. FIELD OR WILDCAT NAME  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
19-15-28E  
12. COUNTY OR PARISH  
Chaves  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)

SUNDRY 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 ☒ other ☐  
2. 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               | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT                    | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE                  | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL                       | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING              | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE                 | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES                      | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON*                          | <input type="checkbox"/> | <input type="checkbox"/> |
| (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.)\*

- 7-26-84 Prep. to comingle both upper & lower zones. Ran into problems trying to unseat packer due to partial failure during frac job.
- 7-27-84 Running fishing tools.
- 8-3-84 Pulled wash pipe w/split & parted tubing. Prep. to finish fishing 9' of hydril & packer.
- 8-16-84 Went in hole with skirted mill. Milled hydril & part of change-over circulated sand & metal filings.
- 8-17-84 Washed over. Latched on to tubing stub. Unset packer.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED KC Haveron by rd TITLE Geologist DATE 09-07-84

ACCEPTED FOR RECORD  
(This space for Federal or State office use)  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL: PETER W. CHESTER  
OCT 11 1984