Porm 9-331 Dec 1973	Form Approved. Budget Bureau No. 42-R1424
UNITED STATES	J. LEASE
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill of to deepen or plug back to e different reservoir. Use Form 9-331-C for such proposals.) 1. oil gas well gas well other. C. SEP 101984 2. NAME OF OPERATOR Mountain States Petro. Corp. 3. ADDRESS OF OFERATOR P. O. Box 1936 Roswell, New Mexico 88201 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 990 FNL & FEL	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 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	Chaves New Mexico 14. APL NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	• (NOTE: Report results of multiple completion or zone change on Form 9-330.)
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any-proposed work. If well is di measured and true vertical depths for all markers and zones pertinent 	all pertinent details, and give pertinent dates, rectionally drilled, give subsurface locations and
-20-84 Went in with retrieving head, washed san out of hole with plug. Picked up seatin ran to bottom.	d latched on to plug came
-21-84 Pulled BOP off hole, set packer at 8683 down, <leaned location.<="" td=""><td>. Flanged up valve, rigged</td></leaned>	. Flanged up valve, rigged
22-84 Swabbing. Recovered some water.	
1-84 Ran 4 point test. Result CAOF 3471 MCFGP	ם.
Well S.I. for pipeline connection.	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct SIGNED A.C. Havenor by MUTITLE Scologies	
ACCEPTED FOR RECORD (This space for Federal or State office APPROVED BY PETER TITLE CONDITIONS OF APPROVAL, IF ANY: OCT 111984	e use)
*See Instructions on Reverse Sic	de .

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