

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Old Cons. Commission
Artesia, NM 88210

Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO. **N M 02146**
0/6F
6 IF INDIAN ALLOTTEE OR TRIBE NAME

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 "APPLICATION FOR PERMIT" for such proposals.

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Mountain States Petroleum Corp.			8. FARM OR LEASE NAME DeKalb Fed.
3. ADDRESS OF OPERATOR P. O. Box 1936 Roswell, New Mexico 88201		JUL 10 '89	9. WELL NO. #1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330 FNL & 330 FEL		O. C. D. ARTESIA, OFFICE	10. FIELD AND POOL OR WILDCAT Coyote Queen
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S20-T11S-R27E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH Chaves
			13. STATE N M

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Request to change operator	

SUBSEQUENT REPORT OF

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	X

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

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.)*

6-16-89 We are hereby requesting the change of operator from Paul Slayton (or Slayton Oil Corp.) to Mountain States Petroleum Corp.

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

SIGNED *Robert H. Light*

TITLE Operations Mgr.

DATE 06/21/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

