

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

SUBMIT IN TRIPPLICATE

Expires August 31, 1989

LEASE DESIGNATION AND SERIAL NO.

N M 02146

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	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	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	10. FIELD AND POOL OR WILDCAT Coyote Queen
14. PERMIT NO.	11. SEC., T., R., M., OR S.W. AND SURVEY OR AREA S20-T11S-R27E
15. ELEVATIONS (Show whether of RT. OR L.S.) C. D. ARTESIA, OFFICE	12. COUNTY OR PARISH Chaves
	13. STATE N M

RECEIVED

JUN 29 '89

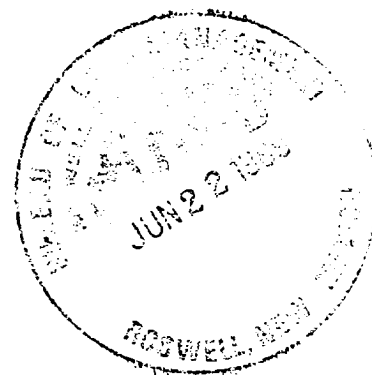
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO		SUBSEQUENT REPORT OF	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT ☒
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) _____	(Other) _____

(Other) Request approval for disposal pit.

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 approval for a disposal pit. 14'X14'X3'
We are also requesting the approval of disposing 2 bbls. of water per month into the pit.
Pit is fenced.



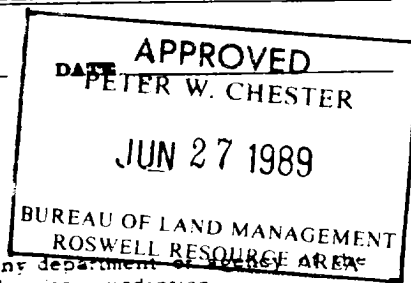
18. I hereby certify that the foregoing is true and correct

SIGNED *Robert P. [Signature]* TITLE Operations Mgr. DATE 06/21/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side