

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

SUBMIT IN TRIPLICATE

Expires August 31 1985

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

NAME OF OPERATOR

Mountain States Petroleum Corp.

ADDRESS OF OPERATOR

P. O. Box 1936 Roswell, New Mexico 88201

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

330 FNL & 330 FEL

RECEIVED

JUL 07 '89

O. C. D.
ARTESIA, OFFICE

UNIT AGREEMENT NAME

FARM OR LEASE NAME

DeKalb Fed.

WELL NO.

#1

FIELD AND POOL OR WILDCAT

Coyote Queen

SEC. T. R. M. OR BLK. AND
SURVEY OR AREA

S20-T11S-R27E

COUNTY OR PARISH, STATE

Chaves

N M

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 ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETION ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) Request approval to vent gas

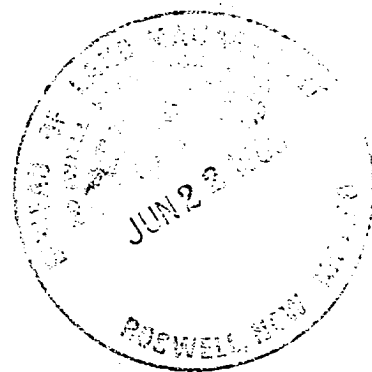
WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☒
(Other)

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

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 to vent casing gas. After testing, the gas volume is too small to measure and would be uneconomical to lay pipeline.



I hereby certify that the foregoing is true and correct

SIGNED

Robert H. Hight

TITLE Operations Mgr.

DATE 06/21/89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE PETER W. CHESTER

JUL 6 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side