

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AUG 29 1991

WELL API NO.	30-005-62785
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-3614
7. Lease Name or Unit Agreement Name	
Standard State	
8. Well No.	7
9. Pool name or Wildcat	Acme San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
4005'	

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Mountain States Petroleum Corporation
3. Address of Operator P.O. Box 1936, Roswell, New Mexico, 88201	4. Well Location Unit Letter <u>B</u> : <u>2310</u> Feet From The <u>East</u> Line and <u>990</u> Feet From The <u>North</u> Line Section <u>5</u> Township <u>8-South</u> Range <u>27-East</u> NMPM Chaves County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4005'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Completion History <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The daily history of the completion operations performed at the subject well is attached.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mike Williams TITLE _____ DATE 8-27-91
TYPE OR PRINT NAME Mountain States Petroleum Corporation - Operator TELEPHONE NO. 623-7184

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE SEP - 9 1991

CONDITIONS OF APPROVAL, IF ANY: