

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. WELL TYPE OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Mountain States Petroleum Corp.		8. FARM OR LEASE NAME Siete Federal	
3. ADDRESS OF OPERATOR P. O. Box 1936 Roswell, N Mexico 88201		9. WELL NO. # 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 990 FEL		10. FIELD AND POOL, OR WILDCAT Siete San Andres	
11. ELEVATIONS (Show whether DT, RT, GR, etc.)		12. COUNTY OR PARISH Chaves	
14. PERMIT NO.		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	FULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	REBOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	(Other) ☐

(Other) Request Temporarily Abandon

(NOTE: Report results of multiple completion or 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 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.)

This well was placed on temporarily abandoned status on 07/85. Mountain States Petro. Corp. requests that this status continue for 1 year. A workover is planned when oil prices escalate to a higher level to substantiate the economics. All Surface equipment is secured to prevent any leakage and all bottom hole equipment is still in place and intact.



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

SIGNED: Peter W. Chester TITLE: Pres. Operations DATE: 04/11/89

(This space for Federal or State (CERCLA))

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING JUN 16 1990

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER
JUN 16 1989
BUREAU OF LAND MANAGEMENT
ROSWELL, NEW MEXICO

100

100

JUN 1

OCD
HORRIS