

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 5-331-C for such proposals.)

1. oil ☒ well ☐ Gas well ☐ other ☐
2. NAME OF OPERATOR
Mountain States Petro. Corp.
3. ADDRESS OF OPERATOR
P O Box 1936 Roswell, N M 88201
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FSL & 990 FE
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

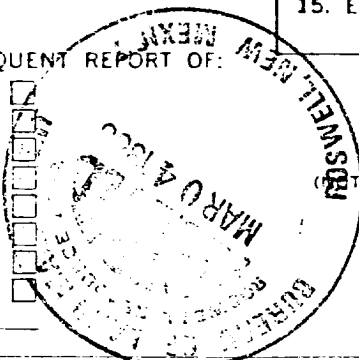
CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

Request for TA Status

SUBSEQUENT REPORT OF:



(NOTE: Report results of multiple completion or zone change on Form 5-330.)

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.)*

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.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Pete Lee TITLE VP Operation DATE 03/03/88

(This space for Federal or State office use)

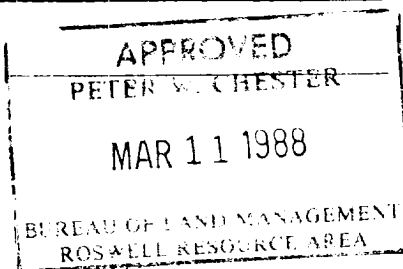
APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____

TITLE _____

DATE _____

APPROVED FOR 12 MONTH PERIOD
ENDING MAR 11 1989

*See Instructions on Reverse Side



RECEIVED
MAR 15 1988
OCD
HOBBS 27-1086