

SUNDAY NOTICES AND REPORTS ON WELLS

Use this form for proposals to drill, re-drill, deepen or plug back to a different reservoir.
 Use APPLICATION FOR PERMIT for each proposal.

1. WELL TYPE: OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR: Mountain States Petroleum Corp.

3. ADDRESS OF OPERATOR: P. O. Box 1936 Roswell, N M 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
 At surface: 2310' FSL & 1980 FWL

5. UNIT AGREEMENT NAME

6. FARM OR LEASE NAME: Siete Federal

7. WELL NO.: # 6

8. FIELD AND POOL, OR WILDCAT: Siete San Andres

9. SEC., T., E., M., OR BLK. AND SURVEY OR AREA: S17-T-38S=R31E

10. COUNTY OR PARISH: Chaves

11. STATE: N M

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

NOTICE OF INTENTION TO		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Give 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 drilled in May 1985. New 8-5/8" 24# Casing was run to 1245'.

New 4-1/2 " 10.5 # casing was run to 3820'.

Since this well has been recently drilled with new casing run, we are hereby requesting that the testing procedure be waived.

18. I, the operator, declare that the foregoing is true and correct:
 SIGNED: *Peter W. Chester* TITLE: Pres. Oper. DATE: 04/27/89

APPROVED BY: _____ TITLE: _____
 CONDITIONS OF APPROVAL, IF ANY: _____

DATE APPROVED -
 PETER W. CHESTER
 MAY 2 1989
 BUREAU OF LAND MANAGEMENT
 ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

RECEIVED

MAY 3 1969

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