

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 9-331-C for such proposals.)

1. 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. See space 17 below.)
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Change of operator</u>		

5. LEASE
NM 067707

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Siete Federal

9. WELL NO.
1,2,3,4,5,6 & 18-1

10. FIELD OR WILDCAT NAME
Siete - 2A

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S17-T8S-R31E

12. COUNTY OR PARISH 13. STATE
Chaves NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Mountain States Petroleum Corp. has been changed to operator from Petroleum Exploration Corp. effective November 1, 1986. This change includes the following wells.

Siete Fed. #1	NE/4 SE/4	Sec. 17-T8S-R31E
Siete Fed. #2Y	SE/4 NE/4	Sec. 17-T8S-R31E
Siete Fed. #3	SW/4 NE/4	Sec. 17-T8S-R31E
Siete Fed. #4	NE/4 NE/4	Sec. 17-T8S-R31E
Siete Fed. #5	NE/4 SE/4	Sec. 17-T8S-R31E
Siete Fed. #6	NE/4 SW/4	Sec. 17-T8S-R31E
<i>west</i> Siete Fed. #18-1	SE/4 NE/4	Sec. 18-T8S-31E

Appropriate C-104 forms have also been filed.

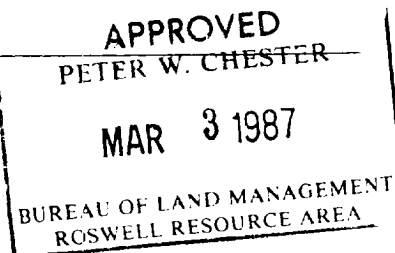
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Peter W. Chester TITLE Agent DATE 02/25/87

(This space for Federal or State office use)

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



RECEIVED
MAR 5 1987
OCD
HOBBS OFFICE