

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-005-20558
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> XX Other SWD-1039-A		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator STEVENSON OIL CO., INC.		6. State Oil & Gas Lease No. K-3259
3. Address of Operator 1709 N. 9 TH STREET, LOVINGTON, NM 88260		7. Lease Name or Unit Agreement Name Sun State
4. Well Location Unit Letter <u>M</u> : <u>660</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>36</u> Township <u>7S</u> Range <u>30E</u> NMPM Chaves County		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>258867</u>
		10. Pool name or Wildcat SWD;SAN ANDRES

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Remedial Work Performed March 19-21, 2019

1. Notified OCD 24 hrs. prior to starting work.
2. Released packer. POOH.
3. Added seating nipple and set standing valve.
4. Tested tubing in hole and check for hole in tbg.
5. Run packer fluid and set packer at 3476'. Hung well back on. RD.
6. Tubing tested good; casing had a small leak.

**See Attached
Conditions of Approval**

**The Oil Conservation Division
MUST BE NOTIFIED 24 Hours
Prior to the beginning of operations**
*To be completed
37 7-5-20*

I believe I can repair the well and return it to good working order. Therefore, I respectfully request that the permit remain active while I work to bring the well in compliance. Your consideration of a one-year extension would be appreciated.

SWD-1039A

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

SIGNATURE Jack Stevenson TITLE PRESIDENT DATE 7/3/19

Type or print name Jack Stevenson E-mail address: jacktwtrby@hotmail.com PHONE: 575-631-1083
For State Use Only

APPROVED BY: Rick Rickman TITLE DIST SV DATE 7-5-19
Conditions of Approval (if any):