

RM

MAR 16 2009

Form C-103  
May 27, 2004

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

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

WELL API NO. 30-005-62661
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name O'BRIEN C
8. Well Number 009
9. OGRID Number 21637
10. Pool name or Wildcat TWIN LAKES; DEVONIAN

**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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator  
STEVENS OPERATING CORP.

3. Address of Operator  
P.O. BOX 2203 ROSWELL, NM 88201

4. Well Location  
Unit Letter E 1870 feet from the NORTH line and 80 feet from the WEST line  
Section 1 Township 9S Range 28E NMPM County CHAVES, NM

11 Elevation (Show whether DR RKR RT GR etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls: Construction Material \_\_\_\_\_

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

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS ☐ P AND A ☒  
CASING/CEMENT JOB ☐

OTHER: ☐OTHER: ☐

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SEE ATTACHMENT

OK TO REVERT.

Equipment has been removed

ENTERED  
shame  
3.23.09

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE

*[Signature]*

TITLE

Agent for OCD

DATE

3/17/09

Type or print name  
For State Use Only

E-mail address:

Telephone No.

APPROVED BY:

*[Signature]* INAE

TITLE

Compliance Officer

DATE

3/20/09

Conditions of Approval (if any):

MAYO MARRS CASING PULLING INC.  
BOX 863  
KERMIT, TEXAS 79745

NM0CD

30-05-62661

Lease: STEVENS OPERATING O'BRIEN<sup>C</sup> #9  
Project: P & A

10/17/2007

SPOT 35 SACKS @ 7171' - TAG @ 7009'

10/18/2007

SPOT 25 SACKS @ 5375'

SPOT 25 SACKS @ 3105'

SPOT 25 SACKS @ 1050' TAG @ 1628'

10/19/2007

CUT CASING @ 945' POH

SPOT 40 SACKS @ 1080' - TAG @ 855'

10/23/2007

CIRCULATE 20 SACKS FROM 60' TO SURFACE

PUMPED PLUGGING MUD BETWEEN ALL PLUGS  
INSTALLED DRY HOLE MARKER