

C/847

RECEIVED BY
Form 9-331
Dec. 1973
JUN 26 1984
O. C. D.
ARTESIA, OFFICE

UNITED STATES NM OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
Artesia, NM 88210

5. LEASE 067811

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Dale Federal

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Pecos San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33 T7S R26E

12. COUNTY OR PARISH 13. STATE
Chaves NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
-3703 GL 3678'

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 Temporary Abandoned

2. NAME OF OPERATOR
STEVENS OPERATING CORPORATION

3. ADDRESS OF OPERATOR
P. O. Box 2408, Roswell, NM 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FNL 1700' FWL Sec 33 T7S R26E
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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) Change of operator	X

APPROVED

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

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17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, 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:)*

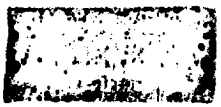
Notice of change of operator from Ervin E. Nichols to Stevens Operating Corporation. Designation of Operator from Donald G. Stevens, assignee of record, to Stevens Operating Corporation is attached.

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

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Production Coordinator DATE November 30, 1982

APPROVED (This space for Federal or State office use)
APPROVED (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 25 1984



*See Instructions on Reverse Side