

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION RECEIVED
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

SEP 21 1982

O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator STEVENS OPERATING CORPORATION	8. Farm or Lease Name O'Brien "E"
3. Address of Operator P. O. Box 2408, Roswell, New Mexico 88201	9. Well No. 3
4. Location of Well UNIT LETTER 0 990 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 1 TOWNSHIP 9S RANGE 28E NMPM.	10. Field and Pool, or Wildcat Twin Lakes-San Andres Assoc.
15. Elevation (Show whether DF, RT, GR, etc.) 3953.9 Gr., 3959.9 KB	12. County Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER Perforation & Treatment <input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

16. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Propose to add perforations at 2600, 00.5, 01, 2603, 03.5, 04, 2607, 07.5, 08, 08.5, 09 and acidize interval.

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

SIGNED Leslie A. Clements TITLE Production Coordinator DATE Sept. 20, 1982

Original Signed By
Leslie A. Clements
APPROVED BY Supervisor District II TITLE _____ DATE SEP 24 1982

CONDITIONS OF APPROVAL, IF ANY: