

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

OCT 19 1982

O. C. D.

ARTESIA, OFFICE

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. Name of Operator

Stevens Operating Corporation

2. Address of Operator

P. O. Box 2408, Roswell, New Mexico 88201

3. Location of Well

UNIT LETTER M 570 FEET FROM THE South LINE AND 330 FEET FROM THE West LINE, SECTION 31 TOWNSHIP 8S RANGE 29E N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name

O'Brien "I"

9. Well No.

7

10. Field and Pool, or Whdcat
Twin Lakes-San Andres
Assoc.

11. Elevation (Show whether DF, RT, GR, etc.)

3979.7 GR, 3985.7 KB

12. County

Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☒

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

COMMENCE DRILLING OPS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CHANGE PLANS ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

7. 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.

9-20-82

Perforated at 2679, 79.5, 80, 97.5, 98, 98.5, 2701.5, 02, 02.5, 03, 03.5, 04 (12 new perfs.) Ran tubing and packer in hole, set at 2548'. Acidized w/4000 gals 20% 60/40 DAD HCL, 40 ball sealers and 900# salt 200# B.F.

1A. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED

TITLE Production Coordinator

DATE 10-15-82

Original Signed By

Leslie A. Clements

OCT 20 1982

APPROVED BY

Supervisor District II

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: