HGY AND MEDERALS D	EPAF	TME
(1	
DISTRIBUTION	_	1
SANTAFE	77	
FILE	17	12
U.S.O.S.		-
LAND OFFICE		
OPERATOR	7	

		IL CONSERV,	ATION DIVISIC .		
SANTA FE	· - -	Р. О. ВС			Form C-103
FILE		SANTA FE, NEL	V MEXICO 87501		Revised 10-1-7
U.S.G.S.				Sa. Indice	ute Type of Lense
OPERATOR				State	1.2.5
OF THAT ON				5, State (Oll 6 Gas Lease No.
	SUNDRY NOTICES	AND REPORTS ON	I WELL C	- turn	
	FORM FOR PROPOSALS TO DRIV USE "APPLICATION FOR PERMIT	-" (FORM C-101) FOR SU			Greenent Name
	AS OTHER-		APR 22	1981	
Stevens O	il Company			8. Form o	r Lease Name
Address of Operator	II Company		0.0	***:	Brien "E"
P. O. Box	2203, Roswell, Ne	Mevico 88201	ARTESIA, O	ACE a. well be). ,
Lucation of Well	INDIVITION	W HEATCO 00201		10 Field	and Pool, or Wildeat
UNIT LETTER	P . 990	T FROM THE South	LINE AND F	Twin I.	akes-San Andres ssoc.
THE East	1195 8507109	9_9	RANGE		
		TOWNST	ANGE ZOTE	_ имрм.	
	15.	Elevation (Show whether		12. Count	
		3962.1 GR, 397	2.1 KB	Chave	
	Check Appropriate	Box To Indicate N	ature of Notice, Report	or Other Data	
NO-	TICE OF INTENTION T	О:		QUENT REPOR	ΓOF:
REPORT REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
POPARILY ABANDON			COMMENCE DRILLING OPHS.		PLUG AND ABANDONMENT
LE OR ALTER CASING		CHANGE PLANS	CASING TEST AND CEMENT JOB .		
OTHER			OTHER Perforation	ns and Treatm	ment X
work) see RULE 110:	Completed Operations (Clear)	ly state all pertinent deta	ils, and give pertinent dates, i	ncluding estimated de	ate of starting any proposed
3-21-81	Ran collar location perfs with 150 s	tor, found orig sx Class C. Max	inal perforations i kimum squeeze press	n error. Squ ure 3350#.	eezed old
3-26-81	Drilled out to 2734'. Re-perforated at 2630, 30.5, 31, 2637.5, 38, 38.5, 39, 2645.5, 46, 46.5.				
3-28-81	Acidized with 40 back oil and loacement.	000 gals 28%, 23 ad water, indica	balls, formation bation bation that	proke at 5500 n heavily inv	#. Flowed aded with
4-2-81	Re-acidized with at 3700#, swabbe	n 8000 gals 28% ed oil and load	acid, 800# rock sal water. POP, Testir	t, 20 balls. ng on pump.	Treated
	• •				
~					
hereby cently that the	information shalls is tour	4			

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Owner Owner	4-21-81
MOITIONS OF APPROVAL, IF ANY:	APR 2 3 1981