Form 9-331
Dec. 1973

NM OIL CONS. COMMISSION
Bra · DD
Art___ia, NM 88210

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OCT 2 3 1982

O. C.
ARTESIA OFFICE

C|5F

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

2. NAME OF OPERATOR

Stevens Operating Corporation ✓

3. ADDRESS OF OPERATOR

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660 FNL, 660 FEL, Sec. 13,T8S,R25E
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE

NM 29417

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Paul-Hicks Federal

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Wildcat Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 13, T-8-S, R-25-E

12. COUNTY OR PARISH   13. STATE

Chaves   NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3563.0 GR

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other) Add perforations, treatment		

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

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

10-27-82   Propose to add perforations at 3813.5, 14, 14.5, 15, acidize the new perforations and frac treat all the perforated intervals.

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OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

18. I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE Production Coordinator   10-27-82

(Orig. Sgd.) GEORGE H. STEWART (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL; IF ANY:

*See Instructions on Reverse Side