

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONS. COM. SION
SUBMIT IN TRIP-DR
Drawings & Instructions
verse side
Artesia, NM 88210

Expires August 31, 1985

45F

SUNDRY NOTICES AND REPORTS ON WELLS

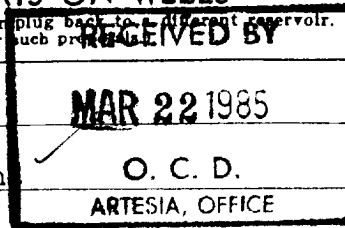
(Do not use this form for proposals to drill or to deepen or plug back to different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Stevens Operating Corporation

3. ADDRESS OF OPERATOR
P. O. Box 2203, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660 FNL, 990 FWL



5. LEASE DESIGNATION AND SERIAL NO.
LC 067811

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Nichols Dale Federal

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND
SUBST OR AREA
Sec. 33, T-7-S, R-26-E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3699.2 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

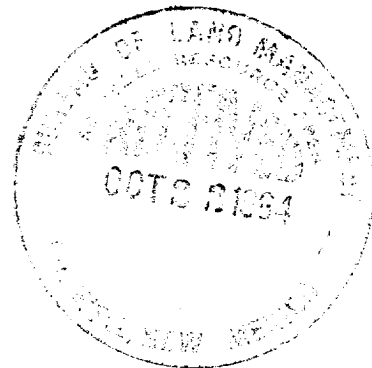
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Off Lease Sales <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

The production of natural gas from this well is being metered at the wellhead, commingled with the Sun Federal #2 and the Atkins #1, and sold to Transwestern Pipeline Company at the Sun Federal #2 located SE/4SE/4, Section 29, T-7-S, R-26-E.



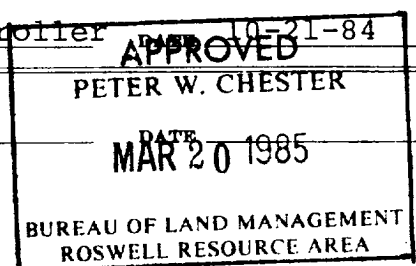
18. I hereby certify that the foregoing is true and correct

SIGNED Peter W. Chester TITLE Production Controller

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side