

NEW OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See other in-
structions on
reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ Other ☐

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR

STEVENS OPERATING CORPORATION

3. ADDRESS OF OPERATOR

P. O. Box 2408, Roswell, NM 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State Regulations)

At surface 1980 FSL 990 FEL, Sec. 9 T-7-S R-26-E

At top prod. interval reported below same

At total depth same

14. PERMIT NO. ARTESIA, OFFICE ISSUED

15. DATE SPUNDED

11-1-82

16. DATE T.D. REACHED

11-17-82

17. DATE COMPL. (Ready to prod.)

1-4-83

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3657.2 GR

19. ELEV. CASINGHEAD

3657.2 GR

20. TOTAL DEPTH, MD & TVD

4590'

21. PLUG, BACK T.D., MD & TVD

4528'

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0 - 4590'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

4085 - Top

Abo

4312 - Bottom

25. WAS DIRECTIONAL
SURVEY MADE

no

26. TYPE ELECTRIC AND OTHER LOGS RUN

CNL, DLL

27. WAS WELL CORED

no

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24.0#	874'	12 1/4"	450 sx Lite POZ 200 sx Class "C" w/2% CC	
4 1/2"	10.5#	4590'	7 7/8"	475 sx Class "H" w/2% CC	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	4590'	3996'

31. PERFORATION RECORD (Interval, size and number)

4075, 76, 77, 78, 4154, 55, 57, 59, 61,
63, 4300, 01, 06, 08, 10, 12

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4075 - 4312	5,000 gal 7 1/2% Abo acid + 1,000 SCF N ₂ per bbl.

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
1-4-83		Flowing				SI	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1-4-83	24	12/64	→	0	1733	0	N/A
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
782	0	→	0	1733	0	N/A	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

To be Sold - SIWOPLC

35. LIST OF ATTACHMENTS

CNL, DLL logs

36. I hereby certify that the foregoing and attached information is complete and correct as furnished from all available records

SIGNED

TITLE

Production Controller
MINERALS MANAGEMENT SERVICE

DATE

January 14, 1983

(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:				38. GEOLOGIC MARKERS	
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES					
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH
					TRUE VERT. DEPTH
San Andres	0	623	Red beds	San Andres	623
Glorieta	623	1732	Anhydrite, Limestone, Dolomite	Glorieta	1732
Tubb	1732	3150	Sand, Anhydrite, Red Shale, Dolomite	Tubb	3150
Abo	3150	3896	Sand, Anhydrite, Dolomite	Abo	3896
	3896	4590	Green & Red Shale, Red Sand		