

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 ☒ gas ☐ other ☐
well well

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. See space 17 below.)

AT SURFACE: 1980 FNL 660 FEL Sec 18 T7S R27E

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

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

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) spud, casing & cement, TD XX

5. LEASE

NM 27794

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
RECEIVED

7. UNIT AGREEMENT NAME

MAY 26 1983

8. FARM OR LEASE NAME

Sorenson Federal O. C. D.

9. WELL NO.

ARTESIA, OFFICE

1

10. FIELD OR WILDCAT NAME

Wildcat San Andres

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

Sec. 18 T-7-S R-27-E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3942.5 GR

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

RECEIVED
MAY 16 1983

OIL & GAS

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.)*

5- 7-83 Spud @ 11:15 a.m. w/12½" bit. Ran 7 joints 8 5/8" x 24# casing, set & cement @ 300' w/350 sxs. Class "C" cement w/2% CC and ¼# sx. cello flake. WOC 18 hrs. Pressure up 1000# for 30 minutes logging no pressure decrease.

5-12-83 TD 2080' @ 12:30 a.m. Ran 52 joints 4½" x 11.6# casing, set & cement @ 2080' w/275 sxs. 50/50 POZ w/2% CC. WOC 18 hrs. Pressure up 1000# for 30 minutes logging no pressure decrease.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

Production
Controller

DATE May 13, 1983

ACCEPTED FOR RECORD

APPROVED BY (ORIG. SGD.) DAVID R. GLASS
CONDITIONS OF APPROVAL, IF ANY:

MAY 25 1983

ROSWELL, NEW MEXICO

See Instructions on Reverse Side