

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Drawer DD  
Artesia, NM 88210  
SUBMIT IN TRIPLI  
(Other side)  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

clsf

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY		5. LEASE DESIGNATION AND SERIAL NO. NM 27794	
2. NAME OF OPERATOR Stevens Operating Corporation		MAY 02 1986		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2203, Roswell, NM 88201		O. C. D.		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 1980 FSL, 330 FEL		ARTEZIA, OFFICE		8. FARM OR LEASE NAME Sorenson Fed.	
				9. WELL NO. #2	
				10. FIELD AND POOL, OR WILDCAT Wildcat	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA South Haystack-San Andres	
				12. COUNTY OR PARISH Chaves	
				13. STATE NM	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3954.6 GR		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	

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NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) TA		(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.) \*

Propose to leave well temporarily abandoned and hold for secondary recovery.

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Production Controller DATE April 25, 1986  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: APPROVED FOR 12 MONTH PERIOD  
ENDING 4/29/87  
\*See Instructions on Reverse Side

APPROVED  
DATE  
PETER W. CHESTER  
APR 29 1986

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

1944-1945

