

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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RECEIVED BY  
OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
JAN 05 1984  
O. C. D.  
ARTESIA, OFFICE

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease State <input type="checkbox"/> Free <input checked="" type="checkbox"/>	
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name O'Brien "D"	
9. Well No. 6	
10. Field and Pool, or Wildcat Twin Lakes Sand Andres	
12. County Chaves	

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" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator  
Stevens Operating Corporation

Address of Operator  
P. O. Box 2408, Roswell, New Mexico 88201

Location of Well  
UNIT LETTER H 2310 FEET FROM THE North LINE AND 330 FEET FROM  
THE East LINE, SECTION 12 TOWNSHIP 9S RANGE 28E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)  
3905.4 GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/> Set surface casing	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Ran 4 joints of 13 3/8" X 61# J-55 casing, set and cement @ 127' w/150 sxs Class "C" w/2% cc. Plug down @ 2:11 p.m. 12-13-83. WOC 18 hours. Pressure up 1000# for 30 minutes logging no pressure decrease. Ready mix to surface.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Leslie A. Clements TITLE Production Controller DATE 12-29-83

Original Signed By  
Leslie A. Clements

APPROVED BY \_\_\_\_\_ TITLE Supervisor District II DATE JAN 10 1984

CONDITIONS OF APPROVAL, IF ANY: