		OF LAND MAL		D.	er DD		
Form 9-331		OF LAND MANAGES OF REFIELDS	2	Art	esia, -NM	F88240roved.	43 01434
Dec. 1973	HAITED STATE	( & KILLIAED &	3			Budget Bureau No.	4Z~K14Z4
	DEPARTMENT OF THE	BUTERIOR	1	5. LE			
			Γ		C 067811	OTTEE OR TRIBE	JAME
	GEOLOGICAL SUI	RVEY		1	I/A	OTTE ON TRIBET	IMIC
		SOUTH ON WELL	_  <i>†</i>		NIT AGREEM	ENT NAME	
SUND	RY NOTICES AND REF	OR I SOIDING MITTERS	9		I/A		
(Do not use the reservoir, Use	his form for proposals to drill or to d Form 9–331–C for such proposals.)	eepen of plug back to a differ	7	8. FA	RM OR LEAS	E NAME	
1. oil —	- 025 -	NEW WENT		N:	ichols Da	ale Federal	
well	gas other			9. W	ELL NO.		
2. NAME	OF OPERATOR				7		
STEVE	NS OPERATING CORPORAT	CION			ELD OR WILL		
3. ADDRES	SS OF OPERATOR		-		ecos Slor		
	Box 2203, Roswell, N				EC., T., R., M REA	., OR BLK. AND S	URVEY OR
	ON OF WELL (REPORT LOCATI	ION CLEARLY. See space 1	17			r-7-s, R-26-	F.
below.)	RFACE: 660 FNL 660 FEI	. Sec. 33, T7S, R	26E				
AT TOP	PROD. INTERVAL: Same	2, 2001 00, 110, 1			haves	NM	
AT TOT	AL DEPTH: Same		_	14. A	PI NO.		
16. CHECK	APPROPRIATE BOX TO INDI	CATE NATURE OF NOTIC	ε, _				<del></del>
REPOR	T, OR OTHER DATA					(SHOW DF, KDB,	AND WD)
	COD ADDOOVAL TO: SIL	BSEQUENT REPORT OF:	L	3	742.9 GR		
-	FOR APPROVAL TO: SU ER SHUT-OFF		ECE	IVED	) BV	•	
FRACTURE	<del>-</del>		ECL	ivLL	יטי		
SHOOT OR			בי י	1 9.1	മാദ .	ilts of multiple comp	
REPAIR WE	ELL U ALTER CASING		LU.	T (NO)		its of multiple compl Form 9–330.)	iet:on or zone
	COMPLETE		Ο.	C. [	).		
CHANGE Z	ONES 🔲		ARTES	ia, O	FFICE _		
ABANDON*		L. Commence	والمؤد ميثون والمستان			<del>"</del>	
	ud and Surface Casin						
includi	RIBE PROPOSED OR COMPLET ing estimated date of starting a ired and true vertical depths for	inv nroposed work, it well	is oir	rection	iany unineu,	ils, and give pert give subsurface lo	inent dates, cations and
Spud	1 12 1/4 hole at 11:0	0 p.m. 11-30-83.				<u>.</u>	
12-1	-83 Ran 20 joints 8	5/8" 24# J-55 cas	sing	. S	et cemen	t @ <b>3</b> 813' w/	300 sxs
Howc	to Lite 200 sxs Class	"C" with 2% CaCl <sub>2</sub>	2. (	Circ	ulate 80	sxs & WOC 1	o hrs.
Pres	sure up to 1000# for	30 minutes loggir	ng n	o pr	essure a	ecrease.	
Subsurfac	e Safety Valve: Manu, and Type					Set @	F
	by certify that the foregoing is t						
( )	Jan Momana	TITLE Production	n Co	ntro	oldate De	cember 6, 19	983
SIGNED(,	I'm Chorie than	THE LIUGUELLO		بالمسته عمره			

S. . .