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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or complete or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐

2. NAME OF OPERATOR

Stevens Operating Corporation

3. ADDRESS OF OPERATOR

P. O. Box 2203, Roswell, NM 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660 FNL, 660 FEL, Sec. 33, T7S, R26E

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) Production Casing ☒

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

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.)*

12-11-83 Ran 103 joints 5 1/2" 17#, J-55 casing. Set and cement @ 4546 w/450 sxs Class C 50/50 Poz w/4% gel, 10# salt, 1/4# FC, 3/10% CFR-2, and 3/10% Halad-4 plus 102 sxs 50/50 Poz Class "H" w/5# salt 1/4# FC, 3/10% Halad-4. Plug down @ 5:30 p.m. WOC 18 hrs. Pressure up 1000# for 30 minutes logging no pressure decrease.

T.D. 4550, PBTD, 4489'.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED

TITLE Production Controller DATE 12/15/83

ACCEPTED FOR RECORD

(Leave space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

DATE

CONDITIONS OF APPROVAL IF ANY:

DEC 27 1983