

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
DEC 8 1983

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 well ☐ gas well ☒ other

2. NAME OF OPERATOR

STEVENS OPERATING CORPORATION

3. ADDRESS OF OPERATOR

P. O. Box 2203, Roswell, New Mexico 88201

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

AT SURFACE: 660 FSL 1980 FWL, Sec. 9, 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

(other) Production Casing

LEASE

NM 38342

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Helen Collins Federal

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T-7-S, R-26-E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3656.95 GR

RECEIVED BY

DEC 13 1983

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

O. C. D.

ARTESIA, OFFICE

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.)*

11-29-83 Ran 99 joints 5 1/2" 17# K-55 casing. Set casing @ 4300' w/stage collar @ 3718' and cement. 1st stage w/100 sxs 50/50 Poz "H", 5# Salt, 1/4# FC, 3/10% Halad 4 and cement. 2nd stage w/970 sxs 50/50 Poz "C", 4% gel, 9# salt 1/4# FC, 3/10% CFR-2, 3/10% Halad 4, then 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 David R. Glass TITLE Production Controller DATE December 6, 1983

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

DATE

CONDITIONS OF APPROVAL IF ANY

DEC 12 1983

ROSWELL, NEW MEXICO

*See Instructions on Reverse Side