

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

EXPIRES
SUBMIT INSTRUCTIONS
NO OTHER INSTRUCTIONS
VERIFIED BY
Artesia, NM 88210

Budget Bureau No. 1004-0135

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 29417

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Paul Hicks FED COM

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 12, T-8-S, R-25-E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

1.

OIL WELL ☐ GAS WELL ☒ 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 and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL & 1650' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

~~3549 GR~~ 3544' GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

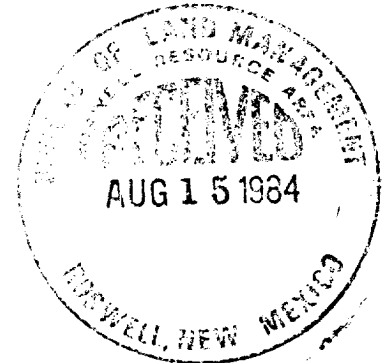
REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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 change name of operator for this well location together with the well name from Mesa Petroleum Co., #1 Mike Federal Com. to Stevens Operating Corporation, #3 Paul Hicks Federal Com.



Post ID-3
8-24-84
by b.p. + well name

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

SIGNED

TITLE

Production Controller

DATE

8-15-84

(This space for Federal or State Approval)

APPROVED (Orig. Sgd.) PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 16 1984

*See Instructions on Reverse Side