

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
NM 018-208-01
verse side)
Drawer DD
Artesia, NM 88210

45F
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS USED BY

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

| | | |
|---|---|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | OCT 12 1984 | 5. LEASE DESIGNATION AND SERIAL NO. NMA 38115 |
| 2. NAME OF OPERATOR Stevens Operating Corporation | O. C. D. ARTESIA, OFFICE | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 2203, Roswell, New Mexico 88201 | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Bottom 660 FSL, 660 FWL, Sec. 12, T-8-S, R-25-E Surf. 660' ± (50' ±) | | 8. FARM OR LEASE NAME Mike Federal Com. |
| | | 9. WELL NO. 1 |
| | | 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 |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3548 GR 3544' ± | 12. COUNTY OR PARISH Chaves |
| | | 13. STATE NM |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETION <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) Spud & Surface Csg <input checked="" type="checkbox"/> | |

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

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.) *

9-26-84 Spud 17 1/2" hole @ 1:30 a.m., 9-26-84. TD 17 1/2" hole @ 97'. Ran 2 jts 13 3/8" x 54# conductor pipe. Set and Cement at 97' w/130 sxs Class "C" cement w/4% CaCl₂. Circ. 30 sxs.

9-27-84 Ran 19 jts 8 5/8" x 24# csg. Set and Cement @ 865' w/450 sxs Howco Lite w/4% CaCl₂ and 200 sxs Class "C" w/2% CaCl₂. Circ. 100 sxs. WOC 18 hrs. Pressure up 1000# for 30 minutes logging no pressure decrease.

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

SIGNED [Signature] TITLE Production Controller DATE 10-8-84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Production Controller DATE 10-8-84
CONDITIONS OF APPROVAL SEE INSTRUCTIONS

OCT 10 1984

*See Instructions on Reverse Side