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Form approved.  
Budget Bureau No. 42-R355.5.UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

other instructions on reverse side)

ARTESIA OFFICE

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other		
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	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) At surface 660 FSL, 1980 FEL, Sec. 4, T-7-S, R-26-E At top prod. interval reported below Same At total depth Same							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED 4-18-84				16. DATE T.D. REACHED 4-25-84		17. DATE COMPL. (Ready to prod.) 5-1-84	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3648 GR				19. ELEV. CASINGHEAD 3648			
20. TOTAL DEPTH, MD & TVD 4460'		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0-TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4265-71 (14 shots) 4142-56 4027-32 (12 shots) 4175-92 (42 shots) Abo 4206-18						25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN COL-CNL-GR DLL-MLL						27. WAS WELL CORRED	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8"		24#		750' 762'		12 1/4"	
4 1/2"		18.6#		4460' 4455'		7 7/8"	
30. TUBING RECORD		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
2 3/8"		4460'		4115'		4054'	
31. PERFORATION RECORD (Interval, size and number)							
4142-56 (15 shots) 3871-96 (14 shots) 4175-92 (17 shots) 4206-18 (10 shots) 4265-71 (14 shots) 4027-32 (12 shots)							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
4142-56				Acidize w/10,000 gals 7 1/2% HCL + 1000 SCF N2/bbls HCL & 75 NCB.			
4175-92				Frac 90,000 gals YF-4 PSD			
33.* PRODUCTION (See Back)							
DATE FIRST PRODUCTION SI		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) SI	
DATE OF TEST 5-18-84		HOURS TESTED 4 hrs		CHOKE SIZE 23/64		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS. 120#		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL. 5832	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold.							
35. LIST OF ATTACHMENTS COL-CNL-GR DLL-MLL							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED [Signature]		TITLE Prod. Controller				DATE 7-5-84	

\*(See Instructions and Spaces for Additional Data on Reverse Side)

# INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

Item 2: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

4175-92 cont. (33% CO<sub>2</sub>), 129,000 # 20/40 sand, 78,000 # 10/20 sand.

4206-18 2000 gals 7½%, frac 27,000 gals YF-3 CO<sub>2</sub>, (33% CO<sub>2</sub>) 24,000 # 20/40 sand, 15,000 # 10/20 sand.

4027-32 3000 gals 7½%, frac 30,000 gals YF-3 CO<sub>2</sub>, (33% CO<sub>2</sub>) 43,000 # 20/40 sand, 26,000 # 10/20 sand.

3871-96 37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CONED INTERVALS: AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Glorieta	1706	3120	Sandstone, Dolomite, Anhydrite			
Tubb	3120	3847	Sandstone, Anhydrite			
Abo	3847	4460	Red Shale			