

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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, NM 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 990 FWL 330 FSL, Sec 11, T-7-S
AT SURFACE: R-26-E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
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☐
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☐
☐

RECEIVED BY

(NOTE: Report results of multiple completion or zone change on Form 9-330.)
MAY 24 1984

O. C. D.
ARTESIA, OFFICE

5. LEASE

NM 19421-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA

7. UNIT AGREEMENT NAME
NA

8. FARM OR LEASE NAME
Hanagan A Federal

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Pecos Slope Abo

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

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3730.7 GR

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.)*

5-5-84 Ran 115 jts. 4 1/2" x 11.6# casing. Set & cmnt. @ 4696 w/500 sxs 50/50 POZ "H" w/2% gel, 5# salt, 1/4# FC & 3/10% halad 4, plug DN @ 8:00 PM, 5-5-84.

5-6-84 Ran temp. surv., top cmnt. @ 3010', PBTD 4658".

5-8-84 1" cmnt. from 1530' to surface w/400 sxs class "C" w/2%cc

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

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

SIGNED Peter W. Hester TITLE Production Controller DATE 5-11-84

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

MAY 22 1984