

RECEIVED BY

DRAWER DD

Artesia, NM 88210

SUBMIT IN DUPLICATE

Form approved.
Budget Bureau No. 42-R355.5.

c/sf

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See other in-
structions on
reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input checked="" 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 <u>Plug & Abandon</u>					
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 330 FNL, 330 FEL, Sec 35, T-6-S, R-22-E At top prod. interval reported below Same At total depth Same					
14. PERMIT NO.			DATE ISSUED		
15. DATE SPUDDED 6-29-84		16. DATE T.D. REACHED 7-4-84		17. DATE COMPL. (Ready to prod.)	
20. TOTAL DEPTH, MD & TVD 3300'		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 4184.3 GR		19. ELEV. CASINGHEAD	
26. TYPE ELECTRIC AND OTHER LOGS RUN DLL, CNL/LDT		23. INTERVALS DRILLED BY 0-TD		25. WAS DIRECTIONAL SURVEY MADE	
27. WAS WELL CORED		12. COUNTY OR PARISH Chaves			
13. STATE NM		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 35, T-6-S, R-22-E			
28. TYPE ELECTRIC AND OTHER LOGS RUN DLL, CNL/LDT					
29. CASING RECORD (Report all strings set in well)					
CASING SIZE 8 5/8	WEIGHT, LB./FT. 24.0	DEPTH SET (MD) 1349'	HOLE SIZE 12 1/4	CEMENTING RECORD 600 SXS	AMOUNT PULLED
30. TUBING RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number) None					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED		
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY			
35. LIST OF ATTACHMENTS DLL, CNL/LDT		ACCEPTED FOR RECORD PETER W. CHESTER JUL 19 1984			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED <u>[Signature]</u> <u>Production Controller</u>				DATE 7-12-84	

*(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, or both, 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 and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: 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.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. (GEOLOGIC MARKERS)			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
San Andres	0	2250	Dolomite, Anhydrite, Salt & Sand			
Tubb	2250	2803	Sand Anhydrite Salt			
Abo	2803	3300	Sand & Shale			