

RECEIVED BY
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ARTESIA, NM 88210
DEC 14 1984
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 "APPLICATION FOR PERMIT—" 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, New Mexico 88201
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660 FEL, 1980 FSL, Sec. 4, T-7-S, R-27-E
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, OR, etc.)
4101.9 GR

EXPIRATION DATE: 10/31/85
Expires August 31, 1985
6. LEASE DESIGNATION AND SERIAL NO.
NM 22070
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
Schutz Federal
9. WELL NO.
1
10. FIELD AND POOL, OR WILDCAT
Wildcat San Andres
11. SEC., T., R., OR BLK. AND SURVEY OR AREA
Sec. 4, T-7-S, R-27-E
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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PCLL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)*

Propose to run 2 7/8" tubing to TD in lieu of 4 1/2" 9.5# casing.



18. I hereby certify that the foregoing is true and correct
SIGNED Peter W. Chester TITLE Production Controller DATE 12-10-84
(This space for Federal or State use)
APPROVED BY (One Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

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*See Instructions on Reverse Side