

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 ☐

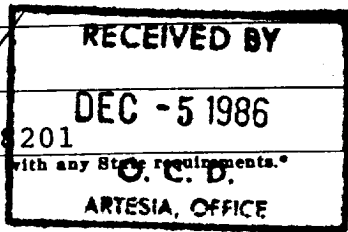
2. NAME OF OPERATOR
Stevens Operating Corporation

3. ADDRESS OF OPERATOR
P.O. Box 2203, Roswell, NM. 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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4101.9 GR



5. 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., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T7S, R27E

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 ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* Plug ☒ XX
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☐

(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.)*

We propose to set CIBP @ 1425' w/ 35' cmt plug.
~~Set CIBP @ 450' w/ 100' cmt plug.~~ * Set 50' surf.
plug w/ 4 1/2" Dry Hole Marker.

* Need 100' cmt. plug in & behind
the 6 5/8" casing 450'-350'.



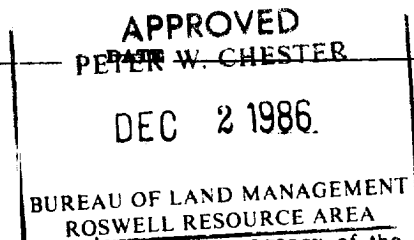
18. I hereby certify that the foregoing is true and correct

SIGNED John E. White TITLE Production Manager DATE 11-20-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

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