

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
<del>LAND</del> OIL	<input checked="" type="checkbox"/>
<del>LAND</del> GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JAN 21 1985

O. C. D.  
ARTESIA, OFFICE

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease
State <input type="checkbox"/> Free <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
N/A

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☒ OTHER-

Name of Operator

Stevens Operating Corporation

Address of Operator

P. O. Box 2203 Roswell, New Mexico 88201

Location of Well

UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM  
THE West LINE, SECTION 21 TOWNSHIP 8-S RANGE 29-E NMPM.

7. Unit Agreement Name

N/A

8. Farm or Lease Name

O'Brien "LLL"

9. Well No.

1

10. Field and Pool, or Wildcat

Wildcat San Andres

15. Elevation (Show whether DF, RT, GR, etc.)

3944.6 GR

12. County

Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

REMEDIAL WORK ☐  
COMMENCE DRILLING OPS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

OTHER Increase Allowable ☐

16. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

The above mentioned well has increased its production from 23 BOPD to 43 BOPD. We are hereby requesting an increase in our allowable to cover the production.

GOR results will be submitted as soon as we are able to run a test on the well.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED

TITLE Production Controller

DATE 1-23-85

Checked Signed By  
Leta A. Clements

TITLE Supervisor District II

DATE

JAN 30 1984