STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		✓
OPERATOR	✓	

RECEIVED BY
OCT 15 1984
O. C. D.
ARTESIA, OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State ☐ Fee ☒
5. State Oil & Gas Lease No.

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.)

7. Unit Agreement Name

OIL WELL ☒ GAS WELL ☐ OTHER-

8. Farm or Lease Name: O'Brien "R"

Name of Operator: Stevens Operating Corporation

9. Well No.: 2

Address of Operator: P. O. Box 2203 Roswell, New Mexico 88201

10. Field and Pool, or Wildcat: ~~Wildcat~~ San Andres

Location of Well: UNIT LETTER I, 660 FEET FROM THE East LINE AND 1980 FEET FROM THE South LINE, SECTION 21, TOWNSHIP 8-S, RANGE 29-E, NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3957.5 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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER Spud & Casing ☐	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9-27-84 Move in & spud 12 1/4" hole @ 5:00 PM, 9-27-84. Ran 8 jts 8 5/8 x 24# csg set & cmnt @ 318' w/250 sxs class "C" cmnt w/2% $CaCl_2$. Circ 60 sxs. WOC 18 hrs. Pressure up 1000# for 30 min. logging no pressure decrease.

10-02-84 TD 3020', Oper rigging dn. Ran 74 jts, 4 1/2 x 11.60# J-55 ST & C, csg set & cmnt @ 3020' w/200 sxs class "A" Self Stress cmnt w/2% $CaCl_2$. WOC 18 hrs. Pressure up 1000# for 30 min logging no pressure decrease.

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

SIGNED Pat Thompson TITLE Production Controller DATE 10-10-84

APPROVED BY Original Signed By Leslie A. Clements Supervisor District II TITLE DATE OCT 15 1984

CONDITIONS OF APPROVAL, IF ANY: