

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

NM OFFICE INSTRUCTIONS
(Other Instructions)
Drawn 198

Expires August 31, 1985

d/sr

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.)

NOV 06 1984

O. C. D.
ARTESIA, OFFICE

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

1650 FNL, 990 FWL, Sec. 33, T-7-S, R-26-E

14. PERMIT NO.

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

3697 GR

5. LEASE DESIGNATION AND SERIAL NO.

LC 067811

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Nichols Dale Fed.

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Pecos-San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 33, T-7-S, R-26-E

12. COUNTY OR PARISH 13. STATE

Chaves

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*

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.)*

Propose to change surface csg as follows:

12 1/4" Hole, 7 5/8" csg, 26.4#, Circulate to surface.

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

SIGNED

TITLE Production Controller

DATE 10-31-84

(This space for Federal or State office use)

APPROVED BY

APPROVED

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

(Orig. Sgd.) PETER W. CALVERT

NOV 2 1984

*See Instructions on Reverse Side