

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLA
copy (attach instructions on
reverse side)
Drawer 22

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 or change or rework.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY JAN 24 1985 O. C. D. ARTESIA, OFFICE
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 Federal	
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 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input 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.)*

Plugging of Nichols Dale Federal #9 w/top of Fish @ 450'. 100' plug on top of fish, 200' plug across bottom of 7 5/8 csg @ 135', 10 sx's in top of surface for marker. Per verbal approval by Armando Lopez and Skip Renschler, 9:30 AM, 11-09-84.

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

SIGNED Peter W. Chester

TITLE Production Controller

DATE 11-09-84

(This space for Federal or State official use)

APPROVED (Orig. Sgd.) PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 18 1985

*See Instructions on Reverse Side