

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

NM Oil Cons. Commission
Drawer DD

Artesia, NM 88820-0150
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

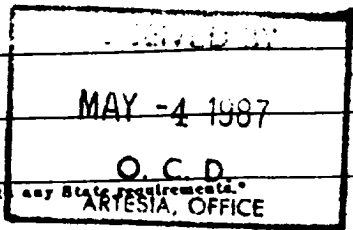
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

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 FSL, 660 FWL, SEC. 13, T7S, R26E



5. LEASE DESIGNATION AND SERIAL NO.
NM-29621

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
IRWIN FEDERAL

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
PECOS ABO SLOPE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
UNIT M
Sec. 13, T7S, R26E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, OR, etc.)
3812.5 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANE ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Commence Drilling ☒
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

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.)

3-30-87

Spud Well 1:45pm
L&M, Rig #2



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

SIGNED [Signature]
(This space for Federal or State office use)

TITLE Production Manager

DATE March 31, 1987

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

PETER W. CLARK

APR 23 1987

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

...and willfully to make to any department or agency of the