

UNITED STATES NM Oil Cons. Commission
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Budget Bureau No. 1004-0135
Expires August 31, 1985

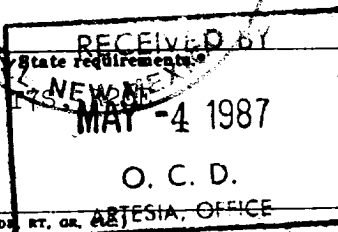
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SUNDRY NOTICES AND REPORTS ON WELLS

(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	6. LEASE DESIGNATION AND SERIAL NO. NM-29621
2. NAME OF OPERATOR STEVENS OPERATING CORPORATION	7. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 2203, ROSWELL, NM 88201	8. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.) At surface 660 FSL, 660 FWL, SEC. 13, T7S, R26E	9. FARM OR LEASE NAME IRWIN FEDERAL
14. PERMIT NO.	10. WELL NO. #1
15. ELEVATIONS (Show whether Dr. RT, GR, or AR) 3812.5 GR	11. FIELD AND POOL, OR WILDCAT PECOS ABO SLOPE
	12. COUNTY OR PARISH Chaves
	13. STATE NM

APR 14 1987



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"/>		<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 type="checkbox"/>
(Other) CASING & CEMENTING	<input type="checkbox"/>		<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.)*

4-1-87 Run 8 5/8", 24# csg, set @ 740'. Cmt 200 sxs Class "C" + 2% CaCl + 200 sxs Halite. No cmt circ to surf. Ran temp surv, cmt top 60'. 3/4 hrs run 60' 1" tbg, cmt 100 sxs Class "C" CaCl, 10 sxs circ to surf. WOC 18 hrs., Press up 1000# for 30 min, logging no press decrease.

4-08-87 TD 4777' @ 5:55pm.

4-10-87 Ran 116 jts 4 1/2, 10.5# csg, set @ 4772'. Stage cmt tool @ 1698'. Cmt 1st stage w/ 420 sxs 35/65 POZ, 2nd Stage w/ 350 sxs 35/65 POZ. Plug dn @ 11:00am. WOC 18 hrs., Press up 1000# for 30 min, logging no press decrease.



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

SIGNED John E. White TITLE Production Manager DATE April 13, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PETER W. CHESTER DATE _____
APR 23 1987 BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA

*See Instructions on Reverse Side