

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-101  
Revised 10-1-73

MAY 10 '88

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>	
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name Sowers	
9. Well No. 1	
10. Field and Pool, or Wildcat Pecos Slope Abo	
12. County Chaves	

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.)

OIL WELL ☐ GAS WELL ☒ OTHER-  
Name of Operator  
Stevens Operating Corporation ✓  
Address of Operator  
P. O. Box 2408, Roswell, New Mexico 88201  
Location of Well  
UNIT LETTER E, 1980' FEET FROM THE North LINE AND 660' FEET FROM  
THE West LINE, SECTION 24 TOWNSHIP 7S RANGE 26E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
3835 GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☒

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

16. 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.

Propose to change the operator from Ensource, Inc. to Stevens Operating Corporation and the name of the well from the #1 Sand Creek "24" to Sowers #1.

Port IO-3  
5-20-88  
chg op name  
chg well name

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

SIGNED Mike Williams TITLE General Manager DATE May 9, 1988

Original Signed By  
Mike Williams

Oil & Gas Inspector

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAY 18 1988

CONDITIONS OF APPROVAL, IF ANY: