

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

CLSF  
BY

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

RECEIVED  
APR 4 '90

WELL API NO.  
30-005-62774

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
LG 7426

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.)

7. Lease Name or Unit Agreement Name

McBride State Com

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

8. Well No.  
#2

2. Name of Operator  
Stevens Operating Corporation

9. Pool name or Wildcat  
Diablo Fusselman

3. Address of Operator  
P. O. Box 2408, Roswell, New Mexico 88201

4. Well Location  
Unit Letter B : 660' Feet From The North Line and 2220' Feet From The East Line  
Section 28 Township 10S Range 27E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3813 GR, 3821 KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK  PLUG AND ABANDON   
TEMPORARILY ABANDON  CHANGE PLANS   
PULL OR ALTER CASING   
OTHER:

REMEDIAL WORK  ALTERING CASING   
COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
CASING TEST AND CEMENT JOB   
OTHER:

12. 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.

Proposed to change plans from drilling to 6600' and casing to 6340' to drilling to 6355', log, sidewall core, then run 7", cement 2 stages to intermediate casing @ 1017', WOC, drill out DV plug & cement shoe w/6" bit, then drill 6" hole to new TD of 6370', run tubing, packer and test to completion.

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

SIGNATURE Donald G. Stevens TITLE President DATE 4/2/90  
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APR 13 1990

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: