

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
NM-078250/A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 ☐  
NOV 02 '88

2. NAME OF OPERATOR  
Stevens & Co., Inc. ✓

3. ADDRESS OF OPERATOR  
P. O. Box 1518 Roswell, New Mexico 88201  
O. C. D.  
ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

990' FSL and 990' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3886' D.F.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sulimar

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Sulimar (Queen)

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 26, T15-S, R-29-E

12. COUNTY OR PARISH 13. STATE

Chaves

New Mexico

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) Change of Operator	XX

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)	

(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.)\*

Change Operator from:

Read & Stevens, Inc.  
P. O. Box 1518  
Roswell, New Mexico 88201

to:

Stevens & Co., Inc.  
P. O. Box 1518  
Roswell, New Mexico 88201

The well is being returned to production at this time by simply restoring electrical power (meters). Production started on October 13, 1987.

The well will be tested and results will be reported.

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

SIGNED

TITLE Agent

DATE October 14, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE APPROVED  
PETER W. CHESTER

OCT 28 1988

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side