

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLE
COPY (Indicate
verse side)
Drawer DD

LEASE DESIGNATION AND SERIAL NO.
Expires August 31, 1985

C/SF

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 purposes.)

RECEIVED BY 88210
OCT 15 1984
O. C. D.
ARTESA OFFICE

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Stevens Operating Corporation

3. ADDRESS OF OPERATOR
P. O. Box 2203 Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 660 FEL, 1980 FSL, Sec.4, T-7-S, R-27-E

5. LEASE DESIGNATION AND SERIAL NO.
NM 22070

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/SEP 2 1984

8. FARM OR LEASE NAME
Schutz Federal

9. WELL NO.
1

10. FIELD AND POOL OR WILDCAT
Wildcat San Andres

11. SEC., T., R., S., OR BLK. AND SURVEY OR AREA
Sec. 4, T-7-S, R-27-E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
4101.9 GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud & Surface Casing <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.)*

8-31-84 Spud 12 1/4" hole @ 2:20 PM, 8-31-84.

9-11-84 Ran 11 jts 8 5/8 x 24# casing set & cement @ 402' w/250 sxs class "C" 2% CaCl₂ cement. Circ 10 sxs to pit. WOC 18 hrs. Pressure up 1000# for 30 minutes logging no pressure decrease.

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

SIGNED [Signature] TITLE Production Controller DATE 9-25-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
ACCEPTED FOR RECORD
OCT 11 1984
*See Instructions on Reverse Side