1	•								
1	Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department			AUG 2		Form C-1 Revised 1-		dif
	DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088			O. C ARTESIA, WELL API NO.				
	DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088			5. Indicate Type	of Lease	TE X	FEE	
	DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & C V-3597			FEE	
ſ					V-3331	mm	7777777	7777	m
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 Agree	ement Name		
	1. Type of Well:  OIL GAS WELL XX WELL	OTHER			Marjohn	State			
ł	2. Name of Operator				8. Well No.				
1	Stevens Operating (	Corporation 🗸			1				
t	3. Address of Operator				9. Pool name or	Wildcat			
-	P. O. Box 2408, Ro	oswell, NM 88202			Lone Wo	1f			
		60 Feet From The North	ı .	Line and660	Feet Fre	om TheE	ast		Line
	Section 11	Township 13S	Ra	unge 28	NMPM Chav	es		Cou	inty
		10. Elevation (Show w	vhether	DF, RKB, RT, GR, etc.)					
Ľ	Check	Appropriate Box to Indi	cate l	Nature of Notice, R	eport, or Othe	er Data			2222
	NOTICE OF INT				SEQUENT		T OF:		
F	PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERIN	G CASING	٠	
٦	EMPORARILY ABANDON	CHANGE PLANS	П	COMMENCE DRILLING	G OPNS.	PLUG AN	ID ABANDO	ONME	ит 🗌
PULL OR ALTER CASING				CASING TEST AND CE	EMENT JOB				
C	OTHER:			OTHER:					_ [
-	12. Describe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent de	tails, ar	nd give pertinent dates, inclu	ding estimated date	of starting a	ny proposed		
	Spud Date - June 9, KOP - 5832'	, 1991							
	TD - 8281'								
	°Angle - 8246' meas								
	During reaming of N								
	day fishing job. ( on wellhead - tempo		٠'.	Temporarily Aba	andonment w	/flange	and v	alve	<b>:</b>
	Applying for 30 day	e of temporarily a	band	lanmant whilewai	iting on do	aision	on who	thor	_
	to plug or drill si		Dand	onment withowal	icing on de	CISION	on whe	CHCI	,
	I hereby certify that the information above is true			belia. LE <u>Production S</u>	Superintend	ent	08/22	/91	
	SKONATURE Robert C. I		п	LE	<u> </u>				7273
	TYPE OR PRINT NAME	AL SIGNED BY				1ELO			
	MIKE W	ILLIAMS					SEP -	4 1	991
	APPROVED BY	ISOR, DISTRICT IT	m	LE		DATE			

CONDITIONS OF AFTROVAL, IF ANY: