	75						
OF COPIES RECEIVED	3				Form C-103	·	
DISTRIBUTION			53. i	- OFIVE D	Supersedes Old C-102 and C-10		
SANIAFE	7		NEW MEXICO OIL CONS	RVATION COMMISSION	Effective 1-1-65		
FILE	++						
	+_	+		V 1 9 1076	5a. Indicate Type o	of Lease	
U.S.G.S.		1		MAY 1 2 1976	State	Fee 🔼	
LAND OFFICE							
OPERATOR	\perp /			a. c. c.	5. State Oil & Gas	Lease No.	
				U. L. C.	j		
	SI	NIDDY	NOTICES AND REPORTS ON	ARTESIA, OFFICE			
(DO NOT USE THIS F	ORM F	OR PROPO	NOTICES AND REPORTS ON SOLE OF PLUG BAIN FOR PERMIT - " (FORM C-101) FOR SUCH	CK TO A DIFFERENT RESERVOIR.		<i>(111111111</i>	
1.	ETAPP	LICATION	N FOR PERMIT = * (FORM C-TOT) FOR SUCH	FROFUSALS.)	7. Unit Agreement	Name	
OIL Ty GA	5	1					
WELL 14 WE	<u> </u>	<u> </u>	OTHER-		1	7	
2. Name of Operator Stevens Oil Company						8. Farm or Lease Name O'Brien "B"	
Stevens 01	L C	ompa	iny •		0 Brien		
3. Address of Operator			_		9. Well No.		
P.O. Box 1	.797	, Sa	anta Fe, New Mexico	87501	2]	
4. Location of Well						10. Field and Pool, or Wildcat	
			CC0 N	660		s San Andre	
UNIT LETTERA			660 FEET FROM THE North	LINE AND OU FEET FRO	OM CALLET TICKE		
		VIIIIIIIII					
_{тне} East	(()))))))						
THE	, LINE,	SECTION	IOWNSHIP	NMF	(IIIIII)	HIIIIIII	
	m	TTT	15. Elevation (Show whether i	DF, RT, GR, etc.)	12. County	MHHHH	
	////		3937 KB	, , , ,	Chaves	VIIIIIII	
	7777	77777	1111 2331 20		Chares	<i></i>	
16.	Ch	eck A	ppropriate Box To Indicate N	ature of Notice, Report or C	Other Data		
NOT		-	TENTION TO:		NT REPORT OF:		
1.0.				·			
1	্ব				ALTERIA	IG CASING	
PERFORM REMEDIAL WORK			PLUG AND ABANDON	REMEDIAL WORK			
TEMPORARILY ABANDON				COMMENCE DRILLING OPNS.	PLUG AN	D ABANDONMENT	
PULL OR ALTER CASING			CHANGE PLANS	CASING TEST AND CEMENT JOB			
				OTHER			
OTHER							
17. Describe Proposed or	Comple	ted Ope	erations (Clearly state all pertinent dera	ills, and give pertinent dates, includi	ing estimated date of si	arting any proposed	
work) SEE RULE 1103	1.						
				-5 2542 64 11/2 amf	c anidino		
Pro	၁ဝန	e to	set BP @ 2568 & per	1 2342-04 W/Z SPL	& ACIGIZE		
w/6	000	gall	lons 20% acid in sta	iges with gel flake	s dependent		
1100	ומ ח	céssi	ures; Swab and then	re-run tubing & ro	ods & place		
				-			
Dac	C OI	n pur	mp.				
18. I hereby certify that th	e info	mation :	above is true and complete to the best	of my knowledge and belief.			
() 11	1. 1	1/2					
V 1. 1/1/4	1 b	1		Oranor	5.	/10/76	
SIGNED	_1	Mus	TITLE	Owner	DATE		
<u></u>			7				
1 1		6	/		MVI	1 0 1070	
APPROVED BY	4,	\propto	ALSSEE TITLE SI	JPERVISOR, DISTRICT H	DATE MAY	T % 19/0	
		_		,			

CONDITIONS OF APPROVAL, IF ANY: