

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

C/3F
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 Form 9-331-C for such proposals.)

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. See space 17 below.)
AT SURFACE: 990' S, 330' E, Sec. 29-7S-26E
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

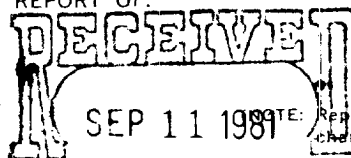
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
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OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

5. LEASE NM-022584
6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
7. UNIT AGREEMENT NAME --- **RECEIVED**
8. FARM OR LEASE NAME Sun Federal **SEP 15 1981**
9. WELL NO. 1 **O. C. D.**
10. FIELD OR WILDCAT NAME Undesignated **ARTESIA OFFICE**
Lasos San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29-7S-26E
12. COUNTY OR PARISH Chaves 13. STATE New Mexico
14. API NO. ---
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3665.7 GL

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.)*

Propose to perforate additional pay in Slaughter pay zone and re-acidize and return well to production.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Peter W. Chester TITLE President DATE 9-11-81

APPROVED
(This space for Federal or State office use)
(Orig. Sgd.) PETER W. CHESTER
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: **SEP 14 1981**

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side