OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 [X]   gas well []   other

2. NAME OF OPERATOR
   STEVENS OPERATING CORPORATION

3. ADDRESS OF OPERATOR
   P. O. Box 2408, Roswell, New Mexico 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
   AT SURFACE: 990 FNL 330 FWL Sec 33 T7S R26E
   AT TOP PROD. INTERVAL: Same
   AT TOTAL DEPTH: Same

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5. LEASE
   LC 067811

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

7. UNIT AGREEMENT NAME   RECEIVED
   N/A

8. FARM OR LEASE NAME
   Dale Federal   FEB 18 1983

9. WELL NO.
   3   O. C. D.

10. FIELD OR WILDCAT NAME   ARTESIA, OFFICE
    Pecos San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    Sec. 33 T7S R26E

12. COUNTY OR PARISH   13. STATE
    Chaves   NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
    3695 GL

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

	REQUEST	SUBSEQUENT
TEST WATER SHUT-OFF	[]	[]
FRACTURE TREAT	[]	[]
SHOOT OR ACIDIZE	[]	[]
REPAIR WELL	[]	[]
PULL OR ALTER CASING	[]	[]
MULTIPLE COMPLETE	[]	[]
CHANGE ZONES	[]	[]
ABANDON*	[]	[]
(other) well name change		X

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

In order to comply with Rule 102 of the State of New Mexico Oil Conservation Division Rules and Regulations, the above described well has been renamed the Nichols Dale Federal No. 3.

Please make the necessary correction for your files.

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

18. I hereby certify that the foregoing is true and correct
    Production
SIGNED _____ TITLE Controller _____ DATE February 14, 1983

ACCEPTED FOR RECORD (This space for Federal or State office use)
                              CHESTER
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL   FEB 17 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side