

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Expires August 31, 1985

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 proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SURVEY NO. LC RECEIVED BY	
2. NAME OF OPERATOR Stevens Operating Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME JAN 24 1985	
3. ADDRESS OF OPERATOR P. O. Box 2203 Roswell, New Mexico 88201		7. UNIT AGREEMENT NAME ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650 FNL, 1700 FWL, Sec. 33, T-7-S, R-26-E		8. NAME OF LESSEE NAME Nichols Dale Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3703 GR		10. FIELD AND POOL, OR WILDCAT Pecos San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T-7-S, R-26-E	
		12. COUNTY OR PARISH Chaves	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)

1. Set WLBP @ 1040' + 35' cement cap.
2. 4 1/2 casing Free Point @ 140'.
3. Perforated 4 shots @ 140' and circ cement to surface outside and inside 4 1/2 casing with 50 sxs class "C" 2% CaCl₂ cement.
4. Set dry hole marker.

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

SIGNED Peter W. Chester TITLE Production Controller DATE 9-25-84

(This space for Federal or State use only)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JAN 23 1985

*See Instructions on Reverse Side

Post ID-2
2-8-85
P&H