

RECEIVED BY
Form 9-331
Dec. 1973

JUN 26 1984

O. C. D.
ARTESIA, OFFICE

UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

NM OIL CONS.
Drawer DD
Artesia, NM

Form Approved.
Budget Bureau No. 42-R1424

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 Temporary Abandoned

2. NAME OF OPERATOR

STEVENS OPERATING CORPORATION

3. ADDRESS OF OPERATOR

P. O. Box 2408, Roswell, NM 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1650' FNL 990' FEL Sec 33 T7S R26E

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Change of Operator

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COMMISSION
LC 067811

88210 INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Dale Federal

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
Pecos San Andres

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

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3753 GL 3695

RECEIVED

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

8 1982

NEW MEXICO
MINERALS DEPT. SERVICE

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, 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.)*

Notice of change of operator from Ervin E. Nichols to Stevens Operating Corporation. Designation of Operator from Donald G. Stevens, assignee of record, to Stevens Operating Corporation is attached.

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

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

SIGNED [Signature] TITLE Production Coordinator DATE November 30, 1982

APPROVED

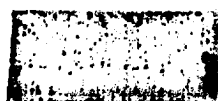
(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER

TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 25 1984



*See Instructions on Reverse Side