

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

Budget Bureau No. 1004-0155

Expires August 31, 1985

ASF

5. LEASE DESIGNATION AND SERIAL NO.  
NM 2824

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
McClellan Federal Com.

9. WELL NO.  
2

10. FIELD AND POOL, OR WILDCAT  
Lone Wolf Devonian

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 22, T 13S, R 29E

12. COUNTY OR PARISH  
Chaves

13. STATE  
NM

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  GAS WELL  OTHER

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 and in accordance with any State requirements. See also space 17 below.)  
At surface  
Unit F, 1980' FNL, 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3780' RKB

JUN 20 1991  
O. C. D.  
ARTESIA OFFICE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)

May 31, 1991 : Well was spudded at 12:00 noon 5-31-91.

RECEIVED  
JUN 13 1 52 PM '91  
BUREAU OF LAND MANAGEMENT  
ROSWELL OFFICE  
ARTESIA

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

SIGNED Bob Farmer TITLE Production Superintendent DATE June 13, 1991

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

PLATER W. CHESTER  
JUN 18 1991  
BUREAU OF LAND MANAGEMENT  
ROSWELL OFFICE  
ARTESIA