

Expires August 31, 1985
 5. LEASE DESIGNATION AND SERIAL NO.
 NM 32325
 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
 7. UNIT AGREEMENT NAME
 8. FARM OR LEASE NAME
 Melvin Federal Com
 9. WELL NO.
 #1
 10. FIELD AND POOL, OR WILDCAT
 West Pecos Slope Abo
 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 Sec. 29, T-6-S, R-23-E
 12. COUNTY OR PARISH
 Chaves
 13. STATE
 NM

RECEIVED BY
 NOV 22 1985
 MAR 22 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.)
 ARTESIA, OFFICE
 OLD WELL ☐ GAS WELL ☒ OTHER ☐

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

1. 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 and in accordance with any State requirements. See also space 17 below.)
 At surface
 1980 FNL, 1980 FWL,
 14. PERMIT NO.
 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
 4059 GR

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) <u>Name Change-Off Lease Sales</u>	
(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.)*

Please correct your records to include "Com" on the Melvin Federal #1 well. The correct name is the Melvin Federal Com #1. The communitization number is SCR 243.

The production from this well is commingled with the M & M Federal #1 and #2 and is being sold off lease at the M & M Federal #1, located NW/SW Section 21, T-6-S, R-23-E. lease nm 32324

the wells are metered separately.



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

SIGNED [Signature] TITLE Production Controller DATE 10-21-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
 PETER WATCHESTER
 MAR 20 1985
 BUREAU OF LAND MANAGEMENT
 ROSWELL RESOURCE AREA

*See Instructions on Reverse Side