STATE OF NEW MEXICO THERGY AND MINERALS DEPARTMENT

HO. 07 COPIES RECEIVED	T			
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
OPPRATOR	1	T		

we. er Copies Receive	10	OIL CONSERVA	TION DIVISION					
DISTRIBUTION		P. O. BO	C 2088		Form C-103 Revised 10-1-78			
SANTA FE		SANTA FE, NEW	MEXICO 87501			KETTSEG TO	-1-70	
FILE				1	5a. Indicate Type	of Lease		
U.S.G.S.					State	Fee	\mathbf{x}	
LAND OFFICE					5, State Oil & Go			
OPERATOR			ýr.		•			
				4 : 2 (· 2)	mmin	mm	\overline{m}	
	SUNDRY NOTIC	LES AND REPORTS ON	WELLS RECE				IIII	
(DO NOT USE THIS	SE "APPLICATION FOR PER					77777777	7777	
· ·			1441	1000	7. Unit Agreemer	it Name		
OIL X 67	ELL OTHER.		SS NAC	1557	•		- 1	
Name of Operator					8. Farm or Lease	Name		
Stevens Operating Corporation O. C. D.					O'Brien "	ייח		
ARIESIA, OFFICE					9. Well No.	<u> </u>		
	0000 5 11	N	- · · · · ·		24			
	2203, Roswell,	New Mexico 88201			3 10 Field and Po	a) as Wildow		
Location of Well					10. Field and Pa	S-San Andre	28	
UNIT LETTERA	330	FEET FROM THE North	LINE AND 990	_ FEET FROM	Twin Lakes Assoc			
VAII				-			$\prime\prime\prime\prime\prime$	
East	12	2 TOWNSHIP 95	28E	NMPM.				
THE	_ LINE, SECTION	TOWNSHIP	HANGE	NMPM.				
mmm	mmmm	15. Elevation (Show whether	DF. RT. GR. etc.)		12. County	7//////	1111	
					1			
-7777777777*77	77777777	3951.15 GL, 3956	.15 KB		Chaves.	_7777777	7777	
16.	Check Appropri	ate Box To Indicate N	ature of Notice, Rep	ort or Oth	er Data			
					REPORT OF	:		
	•			•				
	П	PLUG AND ABANDON	REMEDIAL WORK		ALTE	RING CASING		
PERFORM REMEDIAL WORK	吕			H			- ド	
TEMPORARILY ASANDON	누	[]	COMMENCE DRILLING OPHS.	누	PLUĢ.	AND ABANDONMEN	٠ ب	
FULL OR ALTER CASING		CHANGE PLANS	CASING TEST AND CEMENT J				(Q)	
			OTHER ACIO LIE	autent			_ [X]	
OTHER								
				. 1 1				
		Clearly state all pertinent det	ills, and give pertinent date	s, including	estimatea aate oj	starting any pro	posea	
worky see House Ho	-,							
	Ran 76 joints	s of 2 3/8" tubing	. Set packer at 2	2500'.				
1-12-82	Acidize w/800	00 gals 28% HCL.						
		•						
			•					
	•							
		•						
		•						
				•				
18. I hereby certify that th	ne information above is t	rue and complete to the best	of my knowledge and belief.					
(s) A	26	. /	Production Coordi	nator	1_1	L9 – 82		
AIGHED DAG	sumpor	TITLE			DATE			

SUPERVISOR, DISTRICT Q DATE JAN 2 7 1932