

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	1
FILE	1
U.S.O.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-7

5a. Indicate Type of Lease  
State ☐ Fee ☒  
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT DEPTH. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

RECEIVED

OIL WELL ☐ GAS WELL ☒ OTHER-

Name of Operator

NOV 18 1981

Stevens Operating Corporation

Address of Operator

P. O. Box 2203, Roswell, New Mexico 88201

O. C. D.  
ARTESIA, OFFICE

Location of Well

UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM

THE East LINE, SECTION 7 TOWNSHIP 5S RANGE 24E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

Cavalcade E & D

9. Well No.

1

10. Field and Pool, or Wildcat

Undesignated Abo

15. Elevation (Show whether DF, RT, GR, etc.)

4171.4 GR

12. County

Chaves

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

COMMENCE DRILLING OPNS. ☒

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CHANGE PLANS ☐

CASING TEST AND CEMENT JOBS ☒

OTHER ☐

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

11-13-81 Spud 8:00 a.m.

11-15-81 Ran 20 joints 10 3/4" 40.5# surface casing. Set in cement at 850' with 400 sacks of 35-65 POZ and 200 sacks Class "C". WOC 18 hrs. Pressure up 1000# for 30 minutes logging no pressure decrease. Circulated 75 sacks.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED David G. Allen

TITLE President

DATE 11-17-81

APPROVED BY M. H. Williams

TITLE OIL AND GAS INSPECTOR

DATE NOV 20 1981

CONDITIONS OF APPROVAL, IF ANY: