

UNITED STATES <sup>Artesia, NM 88210</sup>  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 ☐

2. NAME OF OPERATOR

Stevens Operating Corporation

3. ADDRESS OF OPERATOR

P. O. Box 2203, Roswell, NM 88201

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

Sec 29-7S-26E  
AT SURFACE: 660' FSL & 660' FEL

AT TOP PROD. INTERVAL: same as above

AT TOTAL DEPTH: same as above

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\* ☐

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(other) change casing size

5. LEASE

NM 022584

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Sun Federal

OCT - 5 1981

9. WELL NO.

2

O. C. D.

10. FIELD OR WILDCAT NAME

Wildcat Abo

ARTESIA, OFFICE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 29-7S-26E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

14. API NO.

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15. ELEVATIONS (SHOW DF, KDB, AND WD)

3668 G.L.

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

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.)\*

9-28-81 Propose to change surface casing size from 10 3/4" to 9 5/8". If circulation cannot be maintained while drilling the 8 7/8" hole to 1600', 7 7/8" intermediate casing will be cemented at 1600' with 200 sacks cement.  
**ISOLATE ALL WATER OIL OR GAS.**

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Donald J. Ham TITLE President DATE 9-28-81

**APPROVED**

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

**SEP 24 1981**

JAMES A. GILLHAM  
DISTRICT SUPERVISOR

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*See Instructions on Reverse Side