Drawer DD

Form Approved.

UNITED STATES

Artesia, NM

Budget Bureau No. 42-R1424

DEPARTMENT	OF	THE	INTERIOR
GEOLOGICAL SURVEY			

SUNDRY NOTICES AND REPORTS ON WELLS

4845.ULEASE
NM-022584
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
RECEIVED
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME DEC 1 5 1981
Sun Federal
9. WELL NO.
2 ARTESIA, OSSICE
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA
Sec. 29-7S-26E
12. COUNTY OR PARISH 13. STATE Chaves NM
14. API NO. 30-005-61126
15. ELEVATIONS (SHOW DF, KDB, AND WD 3668' GL
Report results of multiple completion or zon change on Form 9–330.)
CAS CAL SURVEY W MEXICO
e all pertinent details, and give pertinent dates irectionally drilled, give subsurface locations and it to this work.)*
set in cement at 4400' 2. WOC 18 hrs. Pressure pressure decrease.
.5, 21, 23.5, 24, 24.5, 28.5, 6 joints 2 3/8" tubing. Set
nd 1200 SCF N2.

(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.) gas well X well other 2. NAME OF OPERATOR Stevens Operating Corporation 3. ADDRESS OF OPERATOR P. O. Box 2203, Roswell, New Mexico 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' S, 660' E, Sec. 29-7S-26E AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

Production Casing, Perforations

X

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen

10-11-81 Ran 110 joints 4 1/2" 10.5# casing, with 200 sacks self stress, 3% CaCl up 1000# for 30 minutes logging no

SUBSEQUENT REPORT OF

11-2-81 Perforate at 4117, 17.5, 18, 20, 20 29, 32, 32.5, 33, 35.5, 36. Ran 12 packer at 4036'.

Acidize with 3500 gale 7 RECORPHICE and ACCEPTED FOR RECORPHICE ACCEPTED FOR RECORD AC 11-3-81

Fracture with ACCEPTED FOR CHAPMAN CHAPMAN Fracture with 40000 Agais 75% foam, 11-4-81 596,000 SCF N2, 60,000# 20-40 sand.

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

GEOLOGICAL SURVEY 18. I hereby certify that the foregoing s true and correc SIGNED _A 11-19-81 DATE ___

_ TITLE

This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

_ DATE