

UNITED STATES
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.)

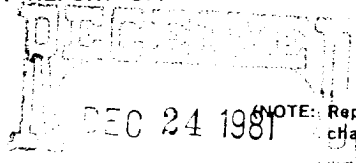
1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
Stevens Operating Corporation
3. ADDRESS OF OPERATOR
P. O. Box 2203, Roswell, N.M. 88201
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL, 660' FWL, Sec. 11-7S-26E
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) ☐

SUBSEQUENT REPORT OF:

- ☐
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☐
☐
☐
☐
☐
☐
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5. LEASE
NM-19421-A RECEIVED
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
----- DEC 31 1981
7. UNIT AGREEMENT NAME
----- C. C. D.
8. FARM OR LEASE NAME
HANAGAN, FEDERAL ARTESIA, OFFICE
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11-7S-26E
12. COUNTY OR PARISH
Chaves
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3745 GL

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.)*

Propose to change Casing and Cementing Program. Instead of circulating liner on 4 1/2" casing, propose to use 300 sacks of cement or 500' above potential pay zone.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Jim Thompson TITLE Production Clerk DATE 12-24-81

APPROVED BY <u>[Signature]</u> DEC 28 1981 JAMES A. GILLHAM DISTRICT SUPERVISOR	This space for Federal or State office use) TITLE _____ DATE _____
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*See Instructions on Reverse Side