

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

c/sf
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 2408, Roswell, NM 88201
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
660 FNL, 660 FWL, Sec 11-7S-26E
AT SURFACE: same
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) perforations

SUBSEQUENT REPORT OF:

- ☐
☒
☒
☐
☐
☐
☐
☐

5. LEASE
NM-19421-A
6. IF INDIAN, ALLOTTEE OR TRIBE **RECEIVED**
N/A
7. UNIT AGREEMENT NAME
N/A **MAY - 6 1982**
8. FARM OR LEASE NAME
Hanagan Federal **O. C. D.**
9. WELL NO.
1 **ARTESIA, OFFICE**
10. FIELD OR WILDCAT NAME
Wildeat
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.)*

2-27-82 Acidize w/1000 gal HCL. No sign oil or gas.

3-2-82 Set WLBP at 5400'. Perforated at 4290, 91, 91.5, 92, 93.5, 94.

3-3-82 Ran 170 jts 2 3/8" tbg. Set packer at 4208'. Acid w/1000 gal 15% HCL.

3-12-82 Frac w/20531 gal YF4 water, 35000# 20/40 sand and 40 tons CO₂.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED Pat Thompson

TITLE Prod. Coordinator

DATE March 30, 1982

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE