

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 reopen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐ **O. C. D.**
2. NAME OF OPERATOR **ARTESIA, OFFICE**
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.)
1980' FSL, 1980' FEL
AT SURFACE: Sec 13, T-7-S, R-25-E
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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Casing & cementing record</u>	

5. LEASE
NM 43524
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
Edmondson Federal
9. WELL NO.
4
10. FIELD OR WILDCAT NAME
X Pecos Slope Abo Gas Pool
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 13, T-7S, R-25E
12. COUNTY OR PARISH
Chaves
13. STATE
County
14. API NO.
3687.0 GR

(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.)*

4-1-82 Ran 104 jts 4½" 10.5# csg, set in cement at 4251' w/ 350 sks
Self Stress w/2% CaCl₂. WOC 18 hrs. Pressure up 1000# for
30 minutes logging no pressure decrease.

XC: MMS(orig + 6), File, Partners ()

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 May 11, 1982

(This space for Federal or State office use)

APPROVED BY CS TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: