

C/SF

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 a well in a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well gas well other **OCT 14 1982**

2. NAME OF OPERATOR **Stevens Operating Corporation O. C. D.**

3. ADDRESS OF OPERATOR **ARTESIA OFFICE
P. O. Box 2408, Roswell, New Mexico 88201**

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL, 1980' FEL, Sec 13, 7S, 25E
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

5. LEASE
NM 43524

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Edmondson Federal

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
Pecos Slope Abo Gas Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 13, T-7-S, R-25-E

12. COUNTY OR PARISH **Chaves** 13. STATE **NM**

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3687 GR

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 checked="" 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)	<input type="checkbox"/>	<input type="checkbox"/>

(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.)*

7-8-82 Frac thru 4 1/2" casing w/65,000 gals 75% nitroified foam, 62,000# 20/40 sand and 26,000# 10/20 sand.

RECEIVED

AUG 12 1982

**OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO**

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

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

SIGNED David R. Glass ACCEPTED FOR RECORD TITLE Prod. Coordinator DATE 8-9-82

(ORIG. SGD.) DAVID R. GLASS (This space for Federal or State office use)

APPROVED BY _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: OCT 13 1982

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side