NM OIL CONS. COMMISSION

Drawer DD Form Approved. Artesia, NM 88210 Budget Bureau No. 42-R1424 Form 9-331 Dec. 1973 RECEIVED UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR NM 38342 6. IF INDIAN, ALLOTTEE OR TRIME 3 1982 **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME SUNDRY NOTICES AND REPORTS ON WELLS O. C. D. (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.) ARTESIA, OFFICE 8. FARM OR LEASE NAME Helen-Collins Federal gas X 9. WELL NO. well other well 1 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME STEVENS OPERATING CORPORATION Wildcat Und Pecar 20 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR P. O. BOX 2408, Roswell, NM 88201 AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec 5, T7S, R26E 935' FWL & 1980 FSL 12. COUNTY OR PARISH 13. STATE AT SURFACE: Sec 5, T7S, R26E AT TOP PROD. INTERVAL: Chaves AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD) REPORT, OR OTHER DATA 3597.7 GR SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT 82_{NOTE:} Report results of multiple completion or zone SHOOT OR ACIDIZE REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other) Corrected casing and cementing program 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.)* Cement Weight Depth Hole Casing Suff to circ 32.75# 8501 10 3/4" 14 3/4" 1500' 9 7/8" 200 sacks 4 1/2" 9.50# 4500' 7 7/8" *If *irculation cannot be maintained while drilling the 9 7/8"-hole to 1500', 8 5/8"(24#) intermediate casing will be cemented at 1500' with 200 sacks of cement. APPROVED Subsurface Safety Valve: Manu. and Type

(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

TITLE President

JAMES

DATE _2/24/82

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