

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

O. C. D.
ARTESIA, OFFICE

RECEIVED

JUN 7 1982

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease

State ☐

Fee ☒

5. State Oil & Gas Lease No.

N/A

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 "APPLICATION FOR PERMIT - 1" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒

GAS WELL ☐

OTHER ☐

1. Name of Operator

STEVENS OPERATING CORPORATION

2. Address of Operator

P. O. Box 2408, Roswell, NM 88201

3. Location of Well

UNIT LETTER I, 1650 FEET FROM THE South LINE AND 330 FEET FROM
THE East LINE, SECTION 12 TOWNSHIP 9S RANGE 28E NMPM.

7. Unit Agreement Name

N/A

8. Farm or Lease Name

O'BRIEN "DB"

9. Well No.

1

10. Field and Pool, or Wildcat
Twin Lakes-
San Andres Assoc

15. Elevation (Show whether DF, RT, GR, etc.)

3928.0'

12. County

Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CHANGE PLANS ☐

CASING TEST AND CEMENT JOBS ☒

OTHER Spud ☐

OTHER ☐

16. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6-2-82 Artesia Fishing Tool rig up and spud at 5:00 pm 6-1-82.

6-3-82 Ran 3 jts 8 5/8" 23# csg. Set and cement at 118' w/75 sxs Class C 2% CaCl₂.
WOC 18 hrs, pressure up 1000# logging no pressure decrease.

XC: OCD (orig + 4), File, Partners ()

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Pat Thompson

TITLE Production Coordinator

DATE June 3, 1982

APPROVED BY

Mike Williams

TITLE OIL AND GAS INSPECTOR

DATE JUN 9 1982

CONDITIONS OF APPROVAL, IF ANY: