

NEW OIL CONS. COMMISSION UNITED STATES
DEPARTMENT OF THE INTERIOR
NEW MEXICO 88210 GEOLOGICAL SURVEY

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.)

AT SURFACE: 1650 FSL 660 FWL Sec 15 T7S R26E

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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Perf ☐

SUBSEQUENT REPORT OF:

☐
☒
☒
☐
☐
☐
☐
☐
☒

5. LEASE
NM 27634

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME

Hanagan Federal

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Undesignated Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 15, T-7-S, R-26-E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

14. API NO.

30-005-61595

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

3700.8 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.)*

12- 7-82 Perf 4190, 91, 92, 93, 4239, 40, 41, 42, 43, 44, 4364, 65, 66 & 67 (14 shots). Ran 2 3/8" x 4.7# tubing. Set 4 1/2" loc-set packer @ 4152'.

12- 8-82 Set loc-set packer @ 4060' (126 joints, 69' above perfs). Acidize w/7 1/2% Abo acid & 750 SCF per bbl N₂.

12- 9-82 Frac via 4 1/2" and 2 3/8" using 60,000 gal YF3 PSD, 28,000# 20/40 sand and 54,000# 10/20 sand and 500 SCF N₂ per bbl.

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

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

SIGNED David R. Glass TITLE Production Controller

DATE December 28, 1982

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS
CONDITIONS OF APPROVAL JAN 14 1983

DATE

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side