

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

1. oil ☐ gas ☒ other

2. NAME OF OPERATOR
Stevens Operating Corporation

3. ADDRESS OF OPERATOR
P. O. Box 2408, Roswell, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL, 1980' FWL, Sec. 9, T7S, R26E
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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) Spud and Surface Casing	

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.)*

Horizon Rig #1, rig up and spud @ 2:00 pm 12-17-83 w/12 1/4" Bit.
Ran 19 joints 8 5/8" X 24# casing, set and cement @ 777' w/300 sxs Halliburton Lite and 200 sxs Class "C" w/2% cc plug down @ 3:15 pm. 12-18-83. Circ. 50 sxs. WOC 18 hours. Pressure up 1000# for 30 minutes logging no pressure decrease.

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

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

SIGNED Mr. Thompson TITLE Production Controller DATE 12-28-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

JAN 6 1984

5. LEASE NM 38342	RECEIVED BY
6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	JAN 10 1984
7. UNIT AGREEMENT NAME N/A	O. C. D. ARTESIA, OFFICE
8. FARM OR LEASE NAME Helen Collins Federal	
9. WELL NO. 4	
10. FIELD OR WILDCAT NAME Pecos Slope Abo	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-7-S, R-26-E	
12. COUNTY OR PARISH Chaves	13. STATE NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KOB, AND WD) 3627.7 GR	

(NOTE: Report results of multiple completion or zone change on Form 9-331-C.)

RECEIVED
DEC 29 10 19 AM '83
BUR. OF LAND MGMT
ROSWELL DISTRICT