

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

RECEIVED BY
JAN 06 1984
O. C. D.
ARTESIA, OFFICE

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
LG 1459

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☒ OTHER ☐
Name of Operator
Stevens Operating Corporation
Address of Operator
P. O. Box 2203, Roswell, New Mexico 88201
Location of Well
UNIT LETTER L 1980 FEET FROM THE South LINE AND 660 FEET FROM
THE West LINE, SECTION 2 TOWNSHIP 8S RANGE 26E NMPM.

7. Unit Agreement Name
N/A
8. Farm or Lease Name
Railroad State
9. Well No.
1
10. Field and Pool, or Wildcat
Pecos Slope Abo
12. County
Chaves

15. Elevation (Show whether DF, RT, GR, etc.)
3794.4 GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

7. 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.

12-31-83 Staked location, build road, move in Commanche Rig #1. Spud @ 6:00 p.m., drilled 30'.

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

SIGNED Mr. Thompson

TITLE Production Controller

DATE 1-5-84

Original Signed By
Leslie A. Clements

TITLE Supervisor District II

DATE JAN 09 1984

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: