

NM-38115 4SF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.
Use "APPLICATION FOR PERMIT--" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Stevens Operating Corporation		3. ADDRESS OF OPERATOR P. O. Box 2203 Roswell, NM 88201		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below At surface 660' FSL & 1650' FWL		5. ELEVATIONS (Show whether DF, RT, GR, etc.) 3549 GR 3544' GL		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Mike Federal Com.		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-8S, R-25-E		12. COUNTY OR PARISH Chaves		13. STATE NM	
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOT OR ACIDIZE ☐ABANDON* ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐REPAIR WELL ☐CHANGE PLANE ☐(Other) ☐(Other) ☐

X

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

This is to notify you that this well has been changed from Paul Hicks Federal Com. to the Mike Federal Com. #1.

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

SIGNED

TITLE Production Controller

DATE 9-17-84

(This space for Federal or State Approval)

APPROVED (Orig. Sgd.) PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

SEP 24 1984

*See Instructions on Reverse Side

Post ID-3
10-5-84
Chg Well Name