

RECEIVED BY

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

c/SF

Form 3160-5
(November 1983)
(Formerly 9-331)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTSUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

EXPIRES August 31, 1985

SUNDAY, JAN 24 1985
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" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		4. LEASE DESIGNATION AND SERIAL NO. NM 22070	
2. NAME OF OPERATOR Stevens Operating Corporation ✓		5. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
3. ADDRESS OF OPERATOR P. O. Box 2203 Roswell, New Mexico 88201		6. UNIT AGREEMENT NAME N/A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FEL, 1980 FSL, Sec. 4, T-7-S, R-27-E		7. FARM OR LEASE NAME Schutz Federal	
14. PERMIT NO.		8. WELL NO. 1	
15. ELEVATIONS (Show whether dr, rt, or, etc.) 4101.9 GR		9. FIELD AND POOL, OR WILDCAT Wildcat San Andres	
		10. SEC, T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-7-S, R-27-E	
		11. COUNTY OR PARISH Chaves	
		12. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

T.A. X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

(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.)

1-10-85

TD @ 2057'.

1-11-85

Logged Well - T/A. Propose to hold for completion in the Abo at a later date.



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

SIGNED

TITLE Production Controller

DATE 1-14-85

(This space for Federal or State agency use)

APPROVED BY (Orig. Sgd.) JAMES W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING 1/23/86

*See Instructions on Reverse Side

JAN 23 1985