Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IP ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89 + clsr

DISTRICTI	OIL CONSERVATION DIVISION P.O. Box 2088 Same For New Marine 87504-2088		WELL API NO.
P.O. Box 1980, Hobbs, NM 88240			30-005-62661
Santa Fe, New Mexico 87504-2088 O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.
STIMORY NOT	ICES AND REPORTS ON WEL	LSchien	
(DO NOT USE THIS FORM FOR PRE DIFFERENT RESERVED.	OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PE -101) FOR SUCH PROPOSALS.)	"OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: Oil GAS WELL X WELL	OTHER	FEB 27 '89	O'Brien "C"
2. Name of Operator		O. C. D.	8. Well No.
Stevens Operating	Corporation V	ARTESIA, OFFICE	9. Pool name or Wildcat
3. Address of Operator	oswell, New Mexico	88201	Twin Lakes Devonian
4. Well Location			
Unit Letter F :18	70 Feet From The North	Line and80_	Feet From The West Line
1	nc -		NMPM Chaves County
Section **	Township 95 Ri		\(\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	////// 3934 <u>-4 G</u> I	R 3943 KB	<u> </u>
11. Check	Appropriate Box to Indicate	Nature of Notice, R	leport, or Other Data
NOTICE OF IN	TENTION TO:	SUE	SSEQUENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB L
OTHER:		OTHER:	
12. Describe Proposed or Completed Openwork) SEE RULE 1103.	stions (Clearly state all pertinent details, a	nd give pertinent dates, incli	uding estimated date of starting any proposed
	to delay additiona	al cementing	of long string covering
San Andr and a co surveys(If fluid	es formation until mmercial well place not printed) showed rises to surface o	testing of l ed permanentl I no movement	ower zones is complete
be cemen	ted forthwith.		
I hereby certify that the information above is tr	we and complete to the best of my knowledge an	abad. Presider	nt
SIGNATURE	Multi-	III.E	TELEPHONE NO.
TYPE OR PRINT NAME			
(This space for State Use)	Original Signed By Mike Williams		FEB 2 8 1989
APPROVED BY		mle	DATE -