Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

C	IST
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Form C-103	-1
Revised 1-1-89	

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Form C-103	- 1
Revised 1-1-89	

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-005-62661	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE FEE & 6. State Oil & Gas Lesse No.	
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESERV (FORM C-1	CES AND REPORTS ON WE POSALS TO DRILL OR TO DEEPEN POIR. USE "APPLICATION FOR PE 01) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A RMIT"	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL CAS WELL X WELL	OTHER	RECEIVED	O'Brien "C"	
2. Name of Operator	. /	11 Mar	8. Well No.	
Stevens Operations Con Address of Operator		- 58, 80 um	9. Pool name or Wildcat	
P.O. Box 2408		0.0	Twin Lake Devonian	
4. Well Location ARTESIA, CFRCE Unit Letter _ E : 1870 Feet From The North Line and 80 Feet From The West Line				
Section 1	9S	285	NMPM Chaves County	
	10. Elevation (Show whether 3934 GR	DF, RKB, RT, GR, etc.)		
11. Check A	ppropriate Box to Indicate I	Nature of Notice, Re	eport, or Other Data	
NOTICE OF INTE	ENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
ULL OR ALTER CASING CASING TEST AND CEN		MENT JOB X		
OTHER:		OTHER:		
12. 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. Squeeze top of old cement to surface pipe 615 sxs 35-65 Poz "A", 6% D20,				
130 sxs class "C". * Perf.@ 3205'				
Squeez + bring cement up to 1822				
Run Temp. Survey				
I hereby certify that the information aboys is true in	d complete to the best of my knowledge and b	did.		
SIGNATURE John Jesus	manm	Non-Operating	Agent 6-7-89	
TYPE OR PRESENTANCE John Perrym	an		TELEPHONE NO.	
(This space for State Use) * As noted	above firmen		1 10 GA	
CONDITIONS OF AFTROVAL, IF ANY:	mu	<u> </u>	DATE 6-20-89	