

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

RECEIVED
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088
DEC 13 90

WELL API NO. 30-005-62661
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name O'Brien "C"
8. Well No. 9
9. Pool name or Wildcat Twin Lakes

ARTESIA, OFFICE

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Saltwater Disposal	2. Name of Operator Stevens Operating Corporation
3. Address of Operator P. O. Box 2408	4. Well Location Unit Letter E : 1870 Feet From The North Line and 80 Feet From The West Line Section 1 Township 9S Range 28E NMPM Chaves County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3934GR	

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Propose to test Devonian for 90 days to determine applicability for saltwater disposal well by round trip tubing, set packer @ 7150± and test annulus to 750# for 30 minutes, logging any pressure decrease then commense saltwater injection for 90 days to determine if well will take produced saltwater.

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

SIGNATURE Bob Farmer TITLE Production Superintendent DATE 12/11/90

TYPE OR PRINT NAME Bob Farmer TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS
SUPERVISOR, DISTRICT II APPROVED BY MIKE WILLIAMS TITLE SUPERVISOR, DISTRICT II DATE FEB 20 1991

CONDITIONS OF APPROVAL, IF ANY: