

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

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87501

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

RECEIVED
DEC 20 1991

WELL API NO.

30-005-62661

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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 ☒

GAS
WELL ☐

OTHER Salt Water Disposal

2. Name of Operator

Stevens Operating Corporation

3. Address of Operator

P. O. Box 2408, Roswell, NM 88202

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.)

3934' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TE RARILY ABANDON ☐

CHANGE PLANS ☒

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

Well has not been completed as a Salt Water Disposal Well and will remain TA until
a decision has been made to Plug or complete as a Salt Water Disposal Well.

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

SIGNATURE Ilene Woodrome TITLE Production Clerk DATE 12/18/91

TYPE OR PRINT NAME Ilene Woodrome TELEPHONE NO. 622-7273

(T for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: