

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

45F

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>	RECEIVED	5. LEASE DESIGNATION AND SERIAL NO. LC 068127
2. NAME OF OPERATOR Stevens Operating Corporation	MAY 22 '89	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2408, Roswell, New Mexico 88201	O.C.D. ARTESIA, OFFICE	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit P, Sec. 32, T-6-S, R-26-E 660E & 660S		8. FARM OR LEASE NAME George Fed. Com.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3607 GR	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 32, T-6-S, R-26-E
		12. COUNTY OR PARISH Chavez
		13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	Spud & Surface Casing <input checked="" type="checkbox"/>

(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.)

May 2, 1989 Rig up rat hole machine. Drilled 62', 20" hole, set 13 3/8", 48# conductor pipe set @ 62', cmt w/125 sxs class "C" cmt, wait on rig.

May 4, 1989 Well spud 9:30 a.m. May 4, 1989.

May 5, 1989 Ran 18 JTS, 24#, 8 5/8" CSG set @ 755' KB, CMT w/200 sxs H/L + 1/4# Floseal, + 2% CaCL2 & 250 sxs class "C" cement + 2% CaCL2 4hours., CMT plug down @ 11:30p.m. WOC 18 hrs. Pressure up 1000# for 30 min. logging no pressure decrease.

May 13, 1989 TD 4170' 5:15 p.m.



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

SIGNED

TITLE

General Manager

DATE

5/15/89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE

MAY 18 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side