

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

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 068127

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

George Fed. Com.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 32, T-6-S, R-26-E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

RECEIVED

2. NAME OF OPERATOR

Stevens Operating Corporation

3. ADDRESS OF OPERATOR

P.O. Box 2408, Roswell, New Mexico 88201

JUN 12 '89

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

Unit Letter P, Sec. 32, T-6-S, R-26-E O. C. D.
660' FEL, 660' FSL ARTESIA OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3607 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

Propose to install a 2 3/8" (7000# Test) metal tubing gas line. The line would run from George Fed. Com. #1 well in a Easterly & Northerly direction for a distance of 900'. The tubing will be buried a minimum of 12" deep, in a trench dug by a Ditch Witch type machine. The work on the project will commence upon approval. The project will take two days to complete. (Map Attached.)



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

SIGNED Bob Farmer

TITLE Production Supervisor

DATE 05/18/89

(This space for Federal or State office use)

APPROVED BY /s/ Phil Kirk

TITLE Area Manager

DATE June 6, 1989

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side