

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

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 ☐ GAS WELL ☒ OTHER ☐ **AUG 15 '89**
2. NAME OF OPERATOR **O. C. D.**
Stevens Operating Corporation
3. ADDRESS OF OPERATOR **ARTESIA, OFFICE**
P.O. Box 2408, Roswell, New Mexico 88201
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**
660' FEL, 660' FSL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3607 GR
12. COUNTY OR PARISH **Chaves** 13. STATE **NM**

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☒
(Other) **perfs.**

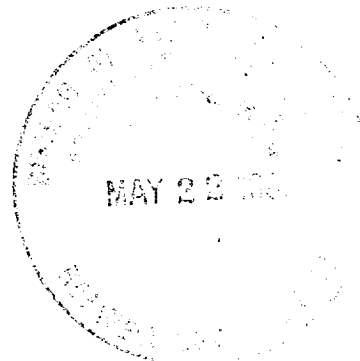
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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 15, 1989 Ran 100 JTS 4 1/2", 11.6# J 55 CSG + 10' shoe JT. Set @ 4170', CMT w/380 sxs 65/35 premium plus poz, 5# salt/sx, 3/10 of 1% Halid-4, 1% CFR-3 Plug down 5:45 P.M. WOC 18 hrs. Pressure up 1000# for 30 min. logging no pressure decrease.

May 19, 1989 Perfed Abo sand, 3795 1/2', 96', 3839 1/2', 40', 46', 46 1/2', 47', 49 1/2', 50', 50 1/2', 54', 54 1/2', 55', 55 1/2', 61 1/2', 62', 68', 68 1/2', 74 1/2', 75', 83', 83 1/2', 3950', 50 1/2', 24 shots. Acidized well w/4000 gal 7 1/2% HCL using 40 NCB.



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

SIGNED Peter W. Chester TITLE General Manager

DATE 5-22-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

