

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DEC 4 '89

WELL API NO. 30-005-62736
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-7426
7. Lease Name or Unit Agreement Name McBride State Com.
8. Well No. 1
9. Pool name or Wildcat Wildcat Fusselman
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3807' GR

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Stevens Operating Corporation
3. Address of Operator P. O. Box 2408, Roswell, New Mexico 88202
4. Well Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 28 Township 10S Range 27E NMPM Chaves County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3807' GR

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 checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" 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.

11-3-89 Spud Well 10:00 a.m.

11-4-89 Ran 23 jts 8 5/8", 24#, J55 Csg. Set at 1004'. Cement with 300 sxs H/L + 1/4# flow seal, 2% calcium chloride, 200 sxs class "C" + 2% calcium chloride. Plug down at 11:00 a.m. Top of cement at 135'. Filled to surface w/7 yds. Redi Mix. WOC 18 hrs. Pressure up 1000# for 30 min. logging no pressure decrease.

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

SIGNATURE Patricia Thompson Greenwade TITLE General Manager DATE 12/01/89

TYPE OR PRINT NAME Patricia Thompson Greenwade TELEPHONE NO. 505-622-7273

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT I TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 11 1989