

(November 1983)
(Formerly 9-331)

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

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

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 checked="" type="checkbox"/> OTHER	2. NAME OF OPERATOR Stevens Operating Corporation	3. ADDRESS OF OPERATOR P. O. Box 2408, Roswell, New Mexico 88202	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL 660' FWL Unit "E"	5. LEASE DESIGNATION AND SERIAL NO. NM 53957-A	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME O'Connell Fed. Com.	8. FARM OR LEASE NAME O'Connell Fed. Com.	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT Pecos slope Abo, Wildcat Montoya	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T-6S, R-26E	12. COUNTY OR PARISH Chaves	13. STATE NM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3668.1' GR											

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"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input checked="" type="checkbox"/>	(Other)	<input type="checkbox"/>		<input type="checkbox"/>
(Other)	<input 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.)

A variance is requested on testing of the BOP. Using the mud pumps, we propose to test the BOP to 1200# before drilling out from under the 8 5/8" casing. By using the mud pumps to test the BOP, it would mean a savings of \$1500.00 vs using an independant testing company.

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

SIGNED Bd Turner

TITLE Production Supervisor

DATE 11/01/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

DATE	APPROVED
	PETER W. CHESTER
NOV 1 1989	
BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA	

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

