

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

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

215'

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.)

RECEIVED

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 53957-A
2. NAME OF OPERATOR Stevens Operating Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2408, Roswell, New Mexico 88202		7. UNIT AGREEMENT NAME O'Connell Fed. Com.
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"		8. FARM OR LEASE NAME O'Connell Fed. Com.
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3668.1' GR		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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PCLL 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 type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

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) Commence Oper. & Surf. 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.)*

November 15, 1989 Well spud @ 9:10 a.m. Set 42' of 16" conductor pipe. Ready mix.

November 22, 1989 Well re-spud 5:00 p.m.

November 23, 1989 Ran 21 jts of 8 5/8" 24# J55 csg, set @ 930', cmt w/250 sxs H/L, 1/4# FLOCELL, 2% cac12. tail in w/200 sxs class "C" cmt, 2% calc2. Circulate to surface. Cmt plug down @ 11:00 p.m. WOC 26 hrs. Pressure up 1000# for 30 min. logging no pressure decrease.

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

SIGNED

TITLE General Manager

DATE 12/11/89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

APPROVED

PETER W. CHESTER

DEC 21 1989

*See Instructions on Reverse Side