

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

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

dsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		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		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	
		11. SEC., T., E., 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"/>	PULL 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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Perforations</u> <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.) \*

December 19, 1989 Unset 5 1/2" Pkr, tripped out with Tbg, ran 128 jts 2 3/8" 4.7# Tbg with 5 1/2" lockset RBP, set @4190', tripped out tbg.

December 20, 1989 Perf 4133 1/2', 34, 36 1/2, 37, 37 1/2, 38, 40 1/2, 41, 41 1/2, 42, 44 1/2, 45, 45 1/2, 46, 46 1/2, 50 50 1/2, 17 shots, .3/8" hole. Ran 127 Jts 2 3/8" 4.7# Tbg w/5 1/2" L set tool Pkr. Spot 2 Bbbs 7 1/2% acid over perfs, set Pkr @ 4039', 123 Jts. Acidized 2500 gals 7 1/2% acid.

December 22, 1989 Unseat 5 1/2" Pkr. Trip out with Tbg, Frac lower Abo w/40,000 gal YF 140 X Link, using 53,280# 20/40 SD + 45,920# 12/20 SD.

December 28, 1989 Gas flowing to Comanche Pipeline @ 5:00 p.m.

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

SIGNED

TITLE

General Manager

DATE

01/03/90

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

RECEIVED BY  
PETER W. CHESTER

JAN 8 1990

BUREAU OF LAND MANAGEMENT  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side