

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

Expires August 31, 1985

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

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL ☐ GAS WELL ☒ 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

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

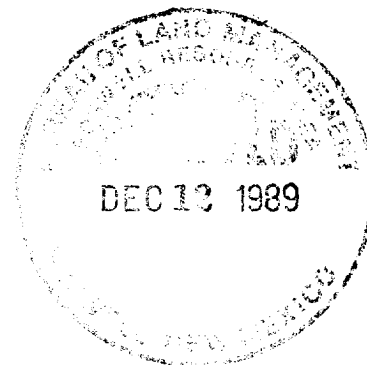
ALTERING CASING

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.)*

1. As per my conversation with Pete Chester on 12/6/89 regarding the change in casing design. Verbal approval was given to run 5 1/2" 15.5# instead of 5 1/2" 17#.
2. See attachment for change in route gas flowline.



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

SIGNED

Bob Farmer

TITLE Production Supervisor

DATE 12/12/89

(This space for Federal or State office use)

APPROVED BY

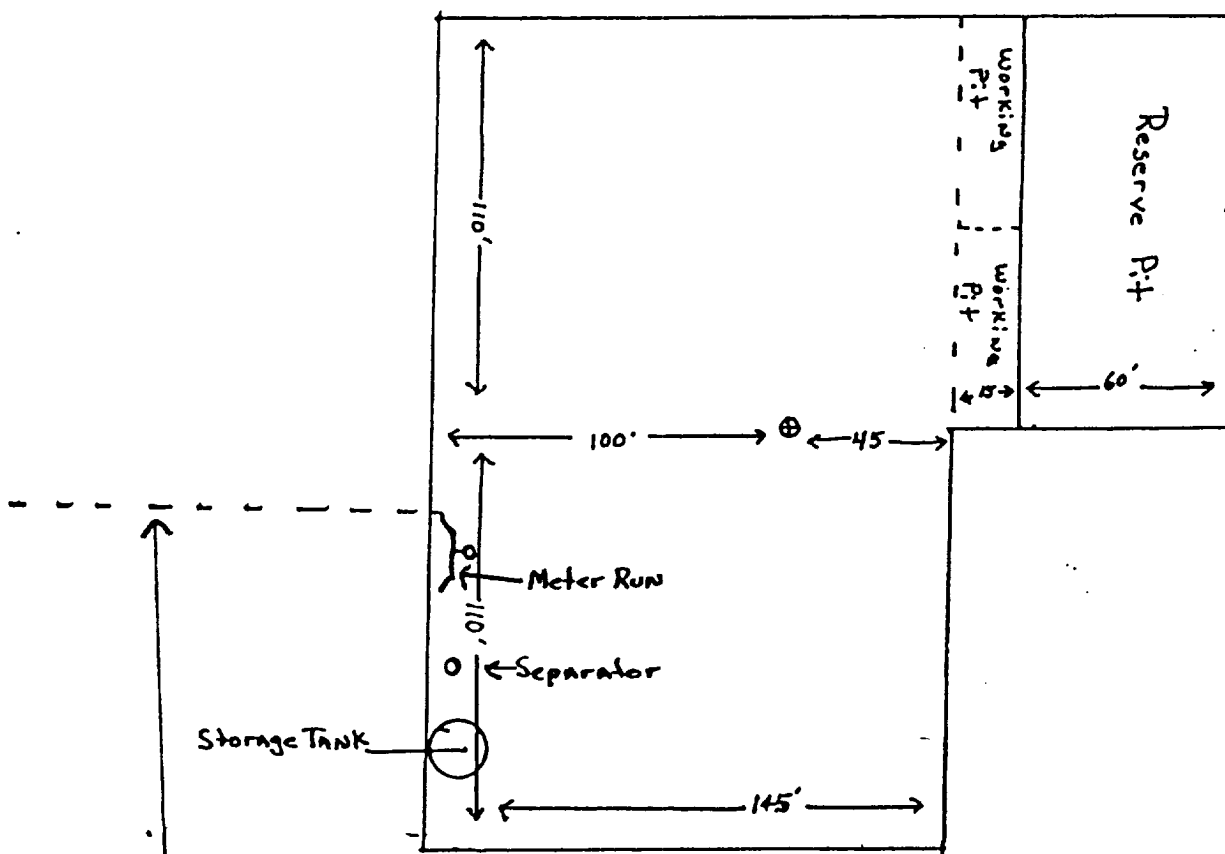
TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE
PETER W. CHESTER

DEC 21 1989

*See Instructions on Reverse Side



GAS flowline to
be Above ground for
for a distance of 400'.
At this point it will
be buried to the Section
line (260').

Exhibit 'F'