

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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

clsf  
#

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 ☐ GAS WELL ☒ OTHER ☐ RECEIVED  
2. NAME OF OPERATOR Stevens Operating Corporation JAN - 4 '90  
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

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

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Perforations	(Other) <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 11, 1989 Perfs at 5413 1/2', 14, 14 1/2, 15 1/2, 16, ran 165 Jts 2 3/8" 4.7# Tbg w/Pkr. Spot 1 BBL acid over perfs, pulled up set 5 1/2" Pkr at 5323'.

December 12, 1989 Acidized w/1000 gal of 20% MSR 100. Set CIBP 5350', 36' cement, at top of COBP and perf at 5091', 92, 93, 93 1/2, 5141 1/2', 42, 43 1/2, 44, 45, 45 1/2.

December 13, 1989 Ran 157 Jts 2 3/8" 4.7# Tbg w/Pkr. Spot 2 BBL 7 1/2% acid over perfs and pulled up set Pkr at 4995' (152 Jts). Acidized w/1500 gal of 7 1/2% acid.

December 15, 1989 Frac well w/15,000 gal of YF4 20% CO2, using 17,500# 20/40 Ottawa SD, + 19 tons CO2.

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

SIGNED [Signature] TITLE General Manager DATE 12/19/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side