

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Comm.
SUBMIT IN TRI.
Drawer (per instruction on reverse side)
Alameda, NM, 88210

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

457

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.)

MAY 3 3 09 PM '91

OIL WELL ☒ GAS WELL ☐ OTHER ☐

BUREAU OF LAND MGMT
ROSWELL RESOURCE
AREA

2. NAME OF OPERATOR

Stevens Operating Corporation

3. ADDRESS OF OPERATOR

P. O. Box 2408, Roswell, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

Unit H, 2190 FNL, 990 FEL

RECEIVED

MAY 24 1991

O. C. L.
ARTESIA OFF.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3801' GR

5. LEASE DESIGNATION AND SERIAL NO.

NM 2824

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McClellan Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated Devonian

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 28, T-13S, R-29E

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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Venting of Gas

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

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.)*

This notice constitutes Stevens Operating Corporation's request to vent gas on the McClellan Federal #1 well. This well produces in quantities TSTM (less than 3 MCFD). There is no gas gathering facilities in the area and would not be economically feasible to install.

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

SIGNED

Bd. Tamm

TITLE

Production Superintendent

DATE

05/09/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side