1. oil

well

2. NAME OF OPERATOR

AT TOTAL DEPTH:

REPORT, OR OTHER DATA

Perforations

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF

FRACTURE TREAT

ABANDON*

(other)

SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES

3. ADDRESS OF OPERATOR

gas

well

X

Stevens Operating Corporation

AT TOP PROD. INTERVAL: Same

NM OIL CONS. COMMISSION

Drawer DD

Form Approved. Budget Bureau No. 42-R1424

rtesia, NM 88210 UNITED STATES

DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

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 Form 9–331–C for such proposals.)

other

P. O. Box 2203, Roswell, New Mexico 88201 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 660 FWL, 660 FSL, Sec. 11-7S-25E

X

X

Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

7. UNIT AGREEM	IENT N	IA N E		R	ECE	V£
8. FARM OR LEA						
Edmonds	on F	edera:	L [DEC	14	10
9. WELL NO.		•				
	2	<u> </u>		0	<u>. C.</u>	0
10. FIELD OR WIL	DCAT	NAME	ŧ	ARTES	SIA, C	y c
Undesid						
11. SEC., T., R., Ñ				URV	EY OR	
AREA						
Sec 11-	·7S-2	5E				
12. COUNTY OR I	PARISH	13. S	TAT	E		
Chaves	S]	1.1	1		
14. API NO.	611	41				
30-005-	7038	3-81				
15. ELEVATIONS	(SHO)	N DF, K	DB,	ANE	WD)	į
3774 GI	ı					

ort results of multiple completion or zone

nge on Form 9–330.)

ROSWELL, NEW MEXICO 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.)*

U.S. GEOLOGICAL SURVEY

SUBSEQUENT REPORT OF:

Perforate at 3891.5, 92, 98, 98.5, 3902, 32.5, 33, 36, 36.5, 11-16-81 40, 40.5, 42.5, 43, 52, 52.5, 56, 56.5. Ran 118 joints 2 3/8" tubing, set packer at 3836'.

Acidize w/3000 gals 7 1/2% HCL and 1000 SCF N2. 11-18-81

Frac w/54,000 gals 75% foam, 59,000# 20/40 sand, 2% KCL H2O. 11-19-81

Subsurface Safety Valve: Manu. and Type				Set @	Ft.
18. I hereby certify that the foregoing is true and c		esident	DATE	11-30-81	
ROOER A. CHAPMANThis spe	ace for Federal or	State office use)			
	TTLE				
U.S. GEOLOGICAL SURVEY POSWELL, NEW MEXICO Sec	e Instructions on	Reverse Side			