

Submit 1 Copy to Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
HOBBS OCD
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

SEP 26 2017
 RECEIVED

WELL API NO. 30-005-20558
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-3259
7. Lease Name or Unit Agreement Name Sun State
8. Well Number 1
9. OGRID Number 258867
10. Pool name or Wildcat SWD;SAN ANDRES

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other SWD-1039-A

2. Name of Operator STEVENSON OIL CO., INC.

3. Address of Operator
1709 N. 9TH STREET, LOVINGTON, NM 88260

4. Well Location
 Unit Letter M : 660 feet from the South line and 660 feet from the West line
 Section 36 Township 7S Range 30E NMPM Chaves County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

LOCATE LEAK AND TEST – Work performed 7/13 – 7/24/17

1. Notified OCD 24 hrs. prior to starting work.
2. POOH with tubing and pkr.
3. RIH with plug and test. Found hole in casing. @ 1126'
4. Cement with 100 sxs cement. WOC 24 hrs.
5. Drill out cement. Test for leaks
6. Displace annulus with pkr. fluid and set pkr. at 3476'. Prepare to test.
7. Notify OCD 24-hrs. prior to testing.
8. Pressure test well – test failed. - 8-11-2017
9. Will submit C-103 to squeeze. NOTIFY OCD PRIOR TO TEST AFTER RE-SQUEEZE.
10. RE-TEST

SWD-1039A

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jack Stevenson TITLE PRESIDENT DATE _____

Type or print name Jack Stevenson E-mail address: jckatwtrby@hotmail.com PHONE: 575-631-1083

For State Use Only

APPROVED BY: Mary Brown TITLE AD/II DATE 9/26/2017

Conditions of Approval (if any) _____