

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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 ☐

2. Name of Operator

Stevens Operating Corporation

3. Address of Operator

P. O. Box 2408, Roswell, NM 88201

4. Well Location

Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line

Section 6 Township 8S Range 30E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4078 DF

7. Lease Name or Unit Agreement Name

Lightcap Land Co.

8. Well No.

#1

9. Pool name or Wildcat

Lightcap Pennsylvanian

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12/22/88 Installed BOP. Ran 259 Jts 2 3/8" tbg. RBP set @ 7900'.
Perforate at 7150' - 7162', 2 SPF, 25 holes w/Hypojet 3.

12/24/88 Acidize w/3000 gas of 15% MSR 100. Trip out w/Tbg, trip 235 jts
2 3/8", 4.7# tbg, in hole w/5 1/2" Baker Model "B" TA. Set @
6986'.

12/28/88 Ran 18' insert pump, 186 of 3/4" rods, 102 of 7/8" rods, 1 of 6', 2
of 4', 2 of 2', subs.

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

SIGNATURE

TITLE General Manager

DATE 1/3/89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 06 1989

RECEIVED

JAN 4 1969

OCD
HOBBS OFFICE