Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240

## OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe. New Mexico 87504-2088

DISTRICT II

L API NO.	
30-02501741	

ANDIANCIA	
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. 15594
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"	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	State BF
1. Type of Well: Oil. FC GAS CO	State by
WELL X WELL OTHER	
2. Name of Operator	8. Well No.
Stevens & Tull, Inc.	2 ·
3. Address of Operator  D. O. Boy 11005 Midland Taura 70707	9. Pool name or Wildcat
P. O. Box 11005, Midland, Texas 79707	West Teas Y-SR
Unit Letter K : 1980 Feet From The South Line and 1980	Feet From The West Line
Section 16 Township 20S Range 33E N	IMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	IMPM LEA County
//////////////////////////////////////	
11. Check Appropriate Box to Indicate Nature of Notice, Rep	port, or Other Data
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING C	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEM	MENT JOB
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, includin, work) SEE RULE 1103.	ng estimated date of starting any proposed
5/3/95 MIRU Pulling Unit and Drill out casing shoe from 322	22' to 3232'.
5/4/95 Perforate Seven Rivers pay from 3223'-323 <b>2</b> - 2 SPF	total 20 holes.
5/5/95 Test Formation at 300 BWPD - No oil or gas.	
5/7/95 Set CIBP @ 3215' - Plug and abandon Seven Rivers.	

I hereby certify that the information above is true and complete to the best of my knowledge		
SIONATURE Markal & Museum	TITLE Engineer DATE 5/7/95	
TYPE OR PRINT NAME Michael G. Mooney	TELEPHONE NO.	
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR APPROVED BY	MAY # 1 Inn	5
CONDITIONS OF APPROVAL, IF ANY:	TITLE DATE IN THE PARTY OF THE	
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## RECEIVED

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