

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 89889
2. Name of Operator Stevens & Tull, Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 11005, Midland, Texas 79702 (915) 699-1410	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FNL & 990' FEL Sec. 9, T-20-S, R-33-E	8. Well Name and No. Federal "9" - 5
	9. API Well No. 30-025-32217
	10. Field and Pool, or Exploratory Area West Teas Y-SR
	11. County or Parish, State Lea County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other <u>Production Casing</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)\*

- 4/4/94 - Install H<sub>2</sub>S safety equipment as per APD.  
4/7/94 - TD well at 3390' - Run 87 jts. - 3383' of 5 1/2" - 15.50# J-55 casing.  
4/8/94 - Cement casing with 300 sx PSL "C" + 5% salt + 1/4#/sx Celloseal - Lead - and tail with 385 sx 50/50 Poz A "C" + 5% salt + 1/2% CF-2. Circulated to surface 70 sx of cement.

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

Signature [Signature] Title Engineer Date 4/15/94  
(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

RECEIVED  
APR 19 11 12 AM '94  
APR 25 1994  
SJS  
CO

RECEIVED

APR 27 1994

--- DOBS  
OFFICE