

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88240

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 type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 85957
2. Name of Operator Stevens & Tull, Inc.	6. If Indian, Allottee or Tribe Name N/A
3. Address and Telephone No. P.O. Box 11005, Midland, TX 79702 (915) 699-1410	7. If Unit or CA, Agreement Designation N/A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FWL and 660' FSL Sec 24, T20S, R38E	8. Well Name and No. Federal 24 - 1
	9. API Well No. 30-025-33182
	10. Field and Pool, or Exploratory Area East Warren Tubb
	11. County or Parish, State Lea Co., NM

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

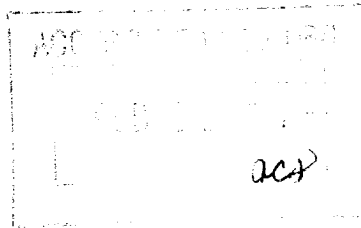
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Fracture Treatment
	<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.)*

1/7/97 - Frac down casing with 30,000# - 100 mesh sand plus 114,000# of 16/30 Ottawa sand plus 40,000# of 16/30 Resin coated sand plus 62,000 gallons xlink gel. Air = 40 Bpm, ATP = 3300 psi

1/10/97 Flow back load and recovering 196 Bopd plus 30 Bwpd plus 715 mcf.



14 I hereby certify that the foregoing is true and correct

Signed [Signature] Title Consulting Engineer Date 2/3/97
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: