

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on  
reverse side)

BLM Roswell District  
Modified Form No.  
NM60-3160-4

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. 915/699-1410		5. LEASE DESIGNATION AND SERIAL NO. NM-13126	
2. NAME OF OPERATOR Stevens & Tull, Inc.				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 11005, Midland, Texas 79702				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL & 2310' FEL, SEC. 31, T-22-S, R-36-E				8. FARM OR LEASE NAME Meyer Federal	
14. PERMIT NO. Unknown		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3512.8' GL		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Jalmat Yates SR	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-22-S, R-36-E	
				12. COUNTY OR PARISH Lea	
				13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <u>Set casing</u>			

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

17. 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) Drill well with 7 7/8" bit, native brine mud.
- 2) Incurr lost circulation at 3955': Repair.
- 3) Drill to total depth of 3979'.
- 4) Set 3974' 5 1/2" 1515# J-55; LT&C casing.
- 5) Cement with 275 sacks HLC, 1/4# cellophane, 200 sacks "C" 0.6% Halad 9, 2% Calcium Chloride, 1/4# cellophane.
- 6) Plug down and hold. 8:15 a.m.

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

SIGNED Rodney L. Seale Rodney L. Seale Engineer

DATE 1/30/90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD

FEB 2 1990

\*See Instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO