

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

*d5f*

5. LEASE DESIGNATION AND SERIAL NO.

LC-047633-A

**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.)

**RECEIVED**

1.  OIL WELL  GAS WELL  OTHER

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR  
Read & Stevens, Inc.

**APR 26 '89**

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR  
P.O. Box 1518, Roswell, NM 88202

O. C. D.

Marion Fed.

9. WELL NO.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

ARTESIA OFFICE

1

10. FIELD AND POOL, OR WILDCAT

Tamano Bone Springs

11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA

Sec 14-18S-31E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, FT, GR, etc.)  
3724' GL

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	FULL 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"/>	

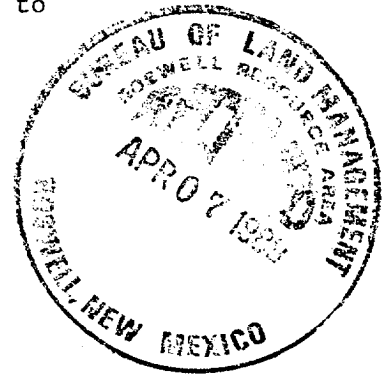
SUBSEQUENT REPORT OF:

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>Ran 13 3/8" csg.</u> <input checked="" type="checkbox"/>	

(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.)\*

Spud well 4-4-89 at 6:30 pm.  
Ran 11 jts 13 3/8" J55 csg to 402'. Cmt w/500 sx class C + 2% CaCl. Circ 100 sx, BLM witnessed.  
WOC 11 hrs NUWH & BOP. Test BOP and wellhead to 500 psi for 30 min, OK.



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

SIGNED John C. Mafey TITLE Petroleum Engineer DATE 4-6-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

ACCEPTED FOR RECORD

APR 25 1989

\*See Instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO