

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-30903
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Read & Stevens, Inc.		6. State Oil & Gas Lease No. B-2531
3. Address of Operator P. O. Box 1518 Roswell, NM 88202		7. Lease Name or Unit Agreement Name Meredith State
4. Well Location Unit Letter F : 1980 feet from the North line and 1980 feet from the West line Section 24 Township 17S Range 35E NMPM County Lea		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,910.8' GR		9. OGRID Number 018917
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		10. Pool name or Wildcat NE Vacuum-Cisco Canyon

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/06/06 Tag CIBP @ 11,050', dump 35' of cmt on top.
 12/07/06 Set CIBP @ 8,000', dumping 35' of cmt on top.
 12/08/06 Set CIBP @ 4,600', dumping 35' of cmt on top. Pump 25 sx @ 3,570', tag @ 3,290'.
 12/11/06 Cut csg @ 1,500', could not pull. Check w/ OCD. Pump 25 sx @ 1,550, tag @ 1,300'. Cut csg @ 414', POH w/ 10 jts 5 1/2" csg, pump 50 sx @ 464', tag @ 264'.
 12/12/06 Circulate 25 sx from 60' to surface.

Circulated plugging mud between all plugs.
 Installed dry hole marker.

Approved as to plugging of the Well Bore.
 Liability under bond is retained until surface restoration is completed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE *John C. Maxey* TITLE **President** DATE **1-11-07**

Type or print name **John C. Maxey** E-mail address: **read@trailnet.com** Telephone No. **505/622-3770**
 For State Use Only

APPROVED BY: *Hayward Wink* TITLE **OC FIELD REPRESENTATIVE II/STAFF MANAGER** DATE _____
 Conditions of Approval (if any):

FEB 02 2007