

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form O-103

Revised 10-1-78

|                        |  |
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|                                                                        |
|------------------------------------------------------------------------|
| 5a. Indicate Type of Lease                                             |
| State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.                                           |
| OG-2001                                                                |

## 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 FORM O-103 FOR SUCH PROPOSALS.)

|                                                                                                                                           |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 6. Indicate Type of Well<br>Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | 7. Unit Agreement Name<br>---               |
| 8. Name of Lessee<br>Read & Stevens, Inc.                                                                                                 | 8. Name of Lessee<br>Quail State            |
| 9. Address of Operator<br>P. O. Box 1518, Roswell, New Mexico 88201                                                                       | 9. Well No.<br>5                            |
| 10. Location of Well<br>UNIT LETTER L 1980 South 660<br>West 11 19S 34E                                                                   | 10. Field and Pool, or Water<br>Quail Queen |
| 11. Elevation (Show whether DF, RT, GR, etc.)<br>3980' GR - 3992' RKB                                                                     | 12. County<br>Lea                           |

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|                                                |                                           |                                                                |                                               |
|------------------------------------------------|-------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|
| INFORM REMEDIAL WORK <input type="checkbox"/>  | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                         | ALTERING CASING <input type="checkbox"/>      |
| PERMANENTLY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OF IS. <input type="checkbox"/>              | PLUG AND ABANDONMENT <input type="checkbox"/> |
| DRILL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> | OTHER <input type="checkbox"/>                |

For the purpose of this report, operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Drilled 7 7/8" hole from 1915' to TD 6200'. Ran 186 jts. 4 1/2", JCW-55, 10.5#, S. T. & C. casing, total of 6188', set @ 6200' RKB. Cemented with 1050 sx. Class "C" pozmix cement w/5# salt and 5/10 of 1% CFR-2 per sx. Plug down 4:30 A.M., 6-12-80. On 6-28-80, perforated 4 1/2" casing 6140' - 4400', 4 intervals, 2 jet shots per foot. Ran tbq. w/RTTS pkr. Spotted acid across perfs. & set pkr. @ 6103'. Acidized with 300 gals. 15% NE acid, aver. inj. rate 4 BPM. SIDP 1800#, 5 min. SIP 1650#, 15 min. SIP 1500#. Total load 31.5 bbls., swabbed dry. Shut-in 1 hr., no entry. Rec. 31.5 bbls. load. On 6-1-80, acidized w/1000 gals. 15% NE acid. Max. treat. press. 2300#, min. treat. press. 2000#, aver. treat. press. 2200#, aver. inj. rate 2 BPM. SIDP 1800#, 15 min. SIP 1500#. Total load 48.4 bbls. Swabbing back load.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

|                                  |                           |                      |
|----------------------------------|---------------------------|----------------------|
| Signed By<br><u>Jerry Sexton</u> | TITLE<br>Authorized Agent | DATE<br>July 2, 1980 |
| PROVED BY<br>Dist. 1, Sup.       | TITLE                     | DATE<br>JUL 7 1980   |

CONDITIONS OF APPROVAL, IF ANY: