

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-56264	
1. OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
2. NAME OF OPERATOR Read & Stevens, Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201		8. FARM OR LEASE NAME NORTH LEA FEDERAL	
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements.* See also space 17 below.) At surface 1839' FSL and 680' FEL		9. WELL NO. 1-Y	
		10. FIELD AND POOL, OR WILDCAT North Lea Devonian	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-20S-34E	
14. PERMIT NO. -	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3637.5' GL	12. COUNTY OR PARISH Lea	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, 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) Move Rig			

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) Commence operations & run casing			<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.)\*

2-6-85 Depth 80'. Drlg. Rdbd. 80' of prog in 2 1/2hrs, 1hr watchman, 20 1/2hrs RU. Spud 26" hole @ 3:30am 2-6-85. Blade stabilizer @ 60'.

2-8-85 Depth 520'. NU WH. WOC. 1/2hr drlg, 2hrs trip, 1hr circ, 11 1/4hrs WOC, 1hr RU csg crews, 3hrs WO welder, 1 3/4hrs cmt, 3 1/2hrs run csg. Mud- 10#, brine. Ran 15jts, total 502', 20"-94#, J-55, ST&C, set @ 520', FC @ 486', cmt w/700sx HLC w/1/4# flocele, 2% CaCl<sub>2</sub>, 300sx Class "C" w/1/4# flocele, 2% CaCl<sub>2</sub>, displaced cmt @ 300psi, OK. Walter Cox, Hobbs BLM, witnessed cmt.

2-9-85 Depth 820'. Drlg. Rdbd&Sd. 300' of prog in 14hrs, 2 1/2hrs trip, 6hrs WOC & NU, 1/2hr test BOP, 1hr drlg cmt. Test BOP & valves @ 200psi, tested satisfactorily. BHA 451' -65,000#, bit, 9" DC, 17 1/2" stabilizer, shock sub, 9" DC, 12 8" DC, added 70 BO, 5 cans of soap.

I hereby certify that the foregoing is true and correct

SIGNED B. J. Stobbs TITLE Drilling & Production Manager DATE 2-12-85

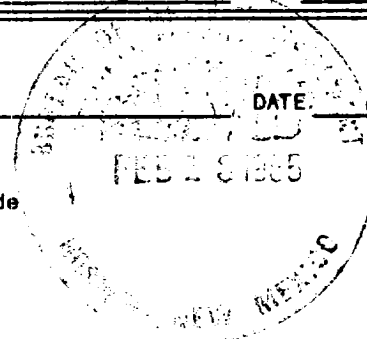
(This space for Federal or State office use)

APPROVED BY APPROVED FOR REPORT TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: See &

FEB 11 1985

\*See Instructions on Reverse Side

Carlsen



RECEIVED

FEB 18 1985

C.C.R.  
HONORARY OFFICE