

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>Read & Stevens, Inc.</u></p> <p>3. ADDRESS OF OPERATOR <u>P.O. Box 1518, Roswell, NM 88202</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>330' FNL & 990' FWL</u></p> <p>14. PERMIT NO. <u>30-025-31355</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM-56264</u> ✓</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>North Lea Federal</u> ✓</p> <p>9. WELL NO. <u>4</u> ✓</p> <p>10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 10-20S-34E</u> ✓</p> <p>12. COUNTY OR PARISH <u>Lea</u> 13. STATE <u>NM</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3634 GL</u> ✓</p>	

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

<p align="center">NOTICE OF INTENTION TO:</p> <table border="0" style="width:100%;"> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> </tr> <tr> <td>(Other) <input type="checkbox"/></td> <td></td> </tr> </table>	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"/>		<p align="center">SUBSEQUENT REPORT OF:</p> <table border="0" style="width:100%;"> <tr> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>(Other) <u>CSG</u> <input checked="" type="checkbox"/></td> <td></td> </tr> </table> <p align="center"><small>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small></p>	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>CSG</u> <input checked="" type="checkbox"/>	
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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.)*

TD 7 7/8" hole @ 5,850'. Log well, run 139 jts of 5 1/2" 15.5# J55 STC csg to 5,837', cmt in 2 stages. Stage 1, 420" sx cmt, open DV @ 3,806'. Cement second stage w/1,700 sx cmt, had good circulation throughout job. Did not circ cmt, but had flush to surface. Bump plug, float held, RDMORR. ?

RECEIVED
NOV 22 10 27 AM '91

ACCEPTED FOR RECORD
AP
DEC 2 1991

RECEIVED
NOV 20 11 34 AM '91
BUREAU OF LAND MGMT.
HOBBES, NM.

CARLSBAD, NEW MEXICO

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

SIGNED *J. Longley* TITLE Petroleum Engineer DATE 11/19/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side