

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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-2363
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
1. OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>	7. UNIT AGREEMENT NAME -	
2. NAME OF OPERATOR Read & Stevens, Inc. ✓	8. FARM OR LEASE NAME Langley Federal	
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201	9. WELL NO. 4	
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Buffalo Valley Penn	
	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-T15S-R27E	
14. PERMIT NO. -	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3560' GL	12. COUNTY OR PARISH Chaves
		13. STATE NM

RECEIVED BY

OCT 28 1985

O. C. D.

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

<p>NOTICE OF INTENTION TO:</p> <table 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 checked="" 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 checked="" type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>		<p>SUBSEQUENT REPORT OF:</p> <table 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) <input type="checkbox"/></td> <td></td> </tr> </table> <p>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</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) <input 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.)*

- 1). Notify BLM-Roswell @ 624-1790.
- 2). Trip in the hole and condition mud.
- 3). Spot 45sx Class "H" cmt, 8400'-8250', 150'.
- 4). Spot 45sx Class "H" cmt, 6450'-6300', 150'.
- 5). Spot 35sx Class "C" cmt, 4400'-4300', 100'.
- 6). Spot 35sx Class "C" cmt, 1775'-1675', 100', across 8 5/8" csg shoe @ 1728', WOC 2hrs, tag plug.
- 7). Spot 25sx Class "C" cmt, 450'-350', 100', across 13 3/8" csg shoe @ 405'.
- 8). Spot 15sx Class "C" cmt, 50'-surface, 50', surface plug.
- 9). Install Dryhole Marker, clean location.

Verbal approval given by Peter Chester 10-11-85. BLM-Roswell notified @ 2:45pm, 10-11-85, talked to Chuck.

I hereby certify that the foregoing is true and correct

SIGNED *P. Chester* TITLE Drilling & Production Manager DATE 10-11-85

(This space for Federal or State office use)

APPROVED BY _____	<p>APPROVED</p> <p>PETER W. CHESTER</p> <p>OCT 23 1985</p> <p>*See Instructions on Reverse Side</p> <p>BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA</p>	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		