CONDITIONS OF APPE	-		TITLE	Supervisor Essenti	**	DATE	MAY 1 6 1984	
APPROVED BY			TITLE	Uniginal Signal By Ladio A. Claments			MAY 1 C 1004	
SIGNED DAL	/ <i>M</i>	<i>x</i> cy	TITLE_D	rilling & Production	Manager	DATE	5-14-84	
\sim	ar the intorma	for above is		plete to the best of			ет.	
l herehu cartifu 44	·			alata ta tha had t		John and 1 4	-1	
		m, lost circ d , tested satis		Omin, bump plug @ 15	∪∪psi, †	est csg & 2000	psi,	
				2A, .4% CFR-2, 2% Lis				
	open DV € 9:	45am 5-10-84,	circ 25sx cm	t. Cmt 2nd stage w/8	50sx Cla	ss"H", 50/50 f	Pozmíx,	
				bumped plug at 1500p				
5-11-84	Release rig	12,070' € 6:00am 5-11-	84. Cmt 1st	stage w/925sx Class	"H"4¶	 	I≴ CFR-2.	
		181	KB					
	59 jts	2291,511		7# N-80 Buttress				
	167 jts	6425.48		7# N-80 L+&C				
	22 jts	920.441	5 1/2"- 2	0# N-80 L+&C				
	56 jts DV Too!	2365,611 3,051	5 1/2"- 2	0# N-80 L+&C				
	FC	1.371						
	1 j+	42.87	5 1/2"- 2	0# N-80 L+&C				
	Float Shoe							
J 10-04		an out jts, t csg as follow		20# N-80, total 12,05	ω', UV 1	rooi @ 90557, 1	ru e	
5-10-84	WOC 18hrs. R	an 305 its. 5	1/2"-17# % 2	0# N=80 +o+al 12 05	יעת #כן: איני איני	tool # 06551	FC A	
Describe Proposed or mated date of start				pertinent details, a	nd give	pertinent dat	es, including esti-	
OTHER				OTHER		 		
PULL OR ALTER CA	 	GIANGE FLANS	· · · · · · · · · · · · · · · · · · ·	COMMENCE DRILLING OF CASING TEST AND CEME		X PLUG A	ND ABANDONMENT	
PERFORM REMEDIAL TEMPORARILY ABAN		PLUG AND ABANE CHANGE PLANS	 	REMEDIAL WORK	NC.	 	NG CASING	
DEDEADU DEVENTAL	MODK [DI 110 110 1011	· · · · · · · · · · · · · · · · · · ·	DEUED LA				
NOT	ICE OF INTENTIO				DUENT RE			
		orlate Box To	3135.61 Indicate Nati	GL ire of Notice, Report	or Othe	Eddy er Data	********************************	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1 -	5. Elevation(S)		OF,RT,GR,etc.)		12. County	XXXXXXXXXXXXXXX	
	NE. SECTION	33 TOWNS		RANGE 27E	NMPM	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
UNIT LETTER C				INE AND 2130 FEET	Ī	Und. South	Carisbad Morrow	
UNIT LETTED O	000	ECCT EDOM TO	- M	LIF AID 0470				
4. Location of Well				T		10. Fleld and	Pool, or Wildcat	
3. Address of Operator P.O. Box 1518, Roswell, NM 88201					1	9. Well No.		
Read & Stevens, Inc.						Otls "33"		
2. Name of Operator						8. Farm or Le	ase Name	
WELL X OTHER						7. Unit Agreement Name		
1. OIL	GAS	IION FOR PERMI	T-" (FORM C-	101) FOR SUCH PROPOSA	ALS.)	7 Unit Agreement Name		
				OR PLUG BACK TO A DII		KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
		CES AND REPORT				XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
or Erritori							_	
LAND OFFICE OPERATOR				ARTESIA, OFFICE	٤ - ا	5. State Oil	& Gas Lease No.	
U.S.G.S			1	Q. C. D.				
FILE				MAT TUISON		State	Fee X	
SANTA FE		SANT	P.O. Box 2	may 9739 11984		Sa Indicate	Type of Lease	
NO. OF COPIES RECE	IVED	OIL		RENCEMBED BY	}		Revised 10-1-78	
ENERGY AND MINERALS			-	TENTED BY	d	•	Form C-103	