

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 081334	
2. NAME OF OPERATOR Reading & Bates Petroleum Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 2200 Mid-Continent Tower Tulsa, OK 74103		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL 330' FEL		8. FARM OR LEASE NAME Leeson Federal 27	
14. PERMIT NO.		9. WELL NO. 42-0	
15. ELEVATIONS (Show whether SP, RT, GR, etc.) 7265' GR		10. FIELD AND POOL, OR WILDCAT W. Lindrith Gallup Dakota	
16. ELEVATIONS (Show whether SP, RT, GR, etc.) 7265' GR		11. SEC., T., R., M., OR BLK. AND SUBSET OR AREA Sec. 27-T25N-R3W	
17. COUNTY OR PARISH Rio Arriba		18. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or 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 COMPLETION	<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"/>		<input type="checkbox"/>

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)	<input type="checkbox"/>		<input 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.)*

Spud 8/22/87 @ 2:15 PM

Drilled 12 1/4" surface hole to 822'.

Ran 9-5/8" casing on 8/23/87 as follows:

1 guide shoe	1.25
1 jt 9-5/8" 36# K-55	34.51
1 insert float	-
18 jts 9-5/8" K-55 36#	769.60
	805.36

Casing cemented @ 817'KB as follows:

513 ft³ Class "B" + 2% CaCl₂ + 1/4#/sk celloseal

Cement circulated to surface.

Tested to 600 PSI for 30 min, no pressure loss.

RECEIVED
SEP 09 1987
OIL CON. DIV.
DIST. 3

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

SIGNED Math Frit

TITLE Sr. Engineer Technician

DATE 9-1-87

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE SEP 03 1987

FARMINGTON RESOURCE AREA

BY Srm

*See Instructions on Reverse Side

NMOCC