

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		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 990'FNL 990'FEL		8. FARM OR LEASE NAME Greenlee Federal
14. PERMIT NO.		9. WELL NO. 41-24
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7212' GR		10. FIELD AND POOL, OR WILDCAT Gavilan Mancos
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T25N-R3W
		12. COUNTY OR PARISH Rio Arriba
		13. 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 COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<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.)*

Ran 8149' 5½" casing & cemented on 8/12/87.

Ran casing as follows:	1 diff fill float shoe	2.00
	2 jts 5½" 17# K-55	83.86
	1 diff fill float collar	1.75
	58 jts 5½" 17# K-55	2416.44
	16 jts 5½" 15.5# K-55	670.05
	1 stage collar	1.60
	36 jts 5½" 15.5# K-55	1488.95
	1 stage collar	1.60
	84 jts 5½" 15.5# K-55	3483.12
		8149.37

Cemented as follows:

1st stage - 691 ft³ 50/50 Poz + 2% gel + 6#/sk salt + 6½#/sk gilsonite
60 ft³ Class "B" neat
2nd stage - 346 ft³ 50/50 Poz + 2% gel + 6#/sk salt + 6½#/sk gilsonite
60 ft³ Class "B" neat
3rd stage - 115 ft³ 50/50 Poz + 2% gel + 6#/sk salt + 6½#/sk gilsonite
60 ft³ Class "B" neat

Circulate throughout job. All plugs held.

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

SIGNED Matthew C. Ritz

TITLE Sr. Engineer Technician

DATE 9/1/87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side