

DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)  
BUREAU OF LAND MANAGEMENT

P.O. BOX 88240  
HOBBS, NEW MEXICO

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-56264	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
2. NAME OF OPERATOR Read & Stevens, Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201		8. FARM OR LEASE NAME NORTH LEA FEDERAL	
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements.* See also space 17 below.) At surface 1839' FSL and 680' FEL		9. WELL NO. 1-Y	
14. PERMIT NO. -		10. FIELD AND POOL, OR WILDCAT North Lea Devonian	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3637.5' GL		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-20S-34E	
		12. COUNTY OR PARISH Lea	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, 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 PLANS <input type="checkbox"/>
(Other) _____	

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) SET CASING <input checked="" 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.)\*

4-29-85 Set csg @ 13,830'. Cut off csg. 2 1/2hrs circ, 1/4hr chg rams, 2 3/4hrs RU csg crew, 11hrs run csg, 2 1/2hrs cmt, 5hrs ND. Ran 7" csg as follows: 1 Floatshoe- 1.30', 1jt 7"-29# S-95 Lt&C- 38.94', 1jt 7"-29# S-95 Lt&C- 39.61', 1 Floatcollar- 1.30', 292jts 7"-29# S-95 Lt&C-12,703.23', 27jts 7"-29# P-110 Lt&C- 1,027.62', Total- 13,812.00', KB- 18.00', TOTAL- 13,830.00'. Cmt w/20 BBLs SAM-5 spacer @ 11ppg, 100sx 50/50 Pozmix "H" w/1.5% CFR-2, 675sx 50/50 Pozmix "H" w/.6% Halad-22A, .3% CFR-2, 5# KCl, 2% gel. PD @ 1:00am, 4-29-85, bumped plug @ 2800psi, floats held.

4-30-85 18hrs WOC. Sl. PBD 13,748.85'. Mud- 10# brine w/zinc chromate in the hole. NU WH w/flange and 2" valve, release rig @ 4:00pm 4/29/85.

I hereby certify that the foregoing is true and correct

SIGNED Bruce Stubbs TITLE Drilling & Production Manager DATE 5/1/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

MAY 2 1985

\*See Instructions on Reverse Side

CARISBAD, NEW MEXICO

RECEIVED

MAY 6 1985

U.S. CUSTOMS  
HONOLULU OFFICE