

NEW MEXICO OIL CONS. COMMISSION
UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN TRIPLICATE*
Artesia, NM 88210
(other instructions on reverse side)

c/SF
Form approved.
BUDGET BUREAU No. 42-R1424

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER _____	RECEIVED BY JAN 24 1985 O. C. D. ARTESIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-18821
2. NAME OF OPERATOR Read & Stevens, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201		7. UNIT AGREEMENT NAME -
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements.* See also space 17 below.) At surface 1980' FNL and 2030' FWL		8. FARM OR LEASE NAME NORTH HAYSTACK FEDERAL
14. PERMIT NO. -	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3942.7' GR	9. WELL NO. 1
16. Check Appropriate Box To Indicate Nature of Notice, Report, Other Data		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26-T5S-R26E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

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) <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 checked="" type="checkbox"/> CONNECT TO PIPELINE	
(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.)*

1-8-85 Connected to Transwestern Pipeline. Turned into line at 10:00am with a WHTP of 1300psi and a production rate of 1 MMCFPD.

I hereby certify that the foregoing is true and correct

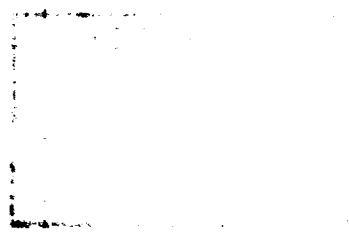
SIGNED B. J. Stebbins TITLE Drilling & Production Manager DATE 1-9-85

(This space for Federal or State office use)

APPROVED BY OFFICE OF THE ATTORNEY GENERAL TITLE _____ DATE _____
CONDITIONS OF APPROVAL: JAN 14 1985
*See Instructions on Reverse Side



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