

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

IN OIL & GAS
SUBMIT IN TRIPLICATE
DRAWER DD
Artesia, NM 88210
Instructions on re-
verse side

45F
Form approved.
BUDGET BUREAU No. 42-R1424

SUNDY 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 <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER _____		5. LEASE DESIGNATION AND SERIAL NO. NM-16783	
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 660' FSL & 660' FWL		8. FARM OR LEASE NAME Beard Federal (BFW)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3774' GR		9. WELL NO. 1	
4. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	
12. COUNTY OR PARISH Chaves		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Section 10-T5S-R25E	
13. STATE New Mexico			

Check Appropriate Box To Indicate Nature of Notice, Report, Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	FULL 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) Swab test <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

7. 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.)*

12-1-82 TP 375psi, prep to swab.

12-2-82 FL @ 1200', TP 160psi, CP 510psi, swbhd 28 BL, flwg 25psi on 16/64" ch, 60 MCF w/225psi CP, 8' flare, swbhd 3 BF, flwg TP 10psi on 16/64" ch, 50 MCF. SI.

RECEIVED

DEC 6 1982

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED

B. Stalls

TITLE Drilling & Production Manager

DATE 12-2-82

(This space for State's (file use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

TITLE

DATE

CONDITIONS OF APPROVAL DEC 8 1982

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side