

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)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		5. LEASE DESIGNATION AND SERIAL NO. NM-068043	
2. NAME OF OPERATOR Read & Stevens, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
3. ADDRESS OF OPERATOR P. O. Box 2126, Roswell, New Mexico 88201		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 2310' FWL & 990' FNL Sec. 24, T-15-S, R-27-E, N.M.P.M.		8. FARM OR LEASE NAME Harris Fed.	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3605' GR - 3617' RKB		10. FIELD AND POOL, OR WILDCAT Buffalo Valley - Penn.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T-15-S, R-27-E N.M.P.M.	
		12. COUNTY OR PARISH Chaves	
		13. STATE New Mexico	

## 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 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 checked="" 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.) \*

On 3-1-74, ran 3 1/2" frac. tubg. w/BP & pkr. Set BP @ 8836' and pkr. @ 8652'. Treated perfs. 8734'-8807' inclusive w/39,000 gals. My-T-Frac., 65,200# 20/40 sand and 2250# 20/40 glass beads. Min. treating press. 4600 PSI, Max. treating press. 5700 PSI, average treating press., 5100 PSI. Aver. inj. rate 16 bbls. per min. ISDP 3600 PSI, 5 min. SI 3300 PSI, 10 min. SI 3200 PSI, 15 min. SI 3100 PSI. Total load in perfs. 8734'-8807' is 1680 bbls.

On 3-2-74, moved BP & re-set @ 8652' & re-set pkr. @ 8532'. Treated perfs. 8566'-8607' inclusive w/40,000 gals. My-T-Frac, 65,000# 20/40 sand and 2250# 20/40 glass beads. Min. treating press. 4900 PSI, Max. treating press. 5800 PSI, Average treating press. 5400 PSI. Average injection rate 17 bbls. per min. ISDP 3500 PSI, 5 min. SI 3200 PSI, 10 min. SI 3100 PSI, 15 min. SI 3000 PSI. Total load in perfs. 8566'-8607' is 1500 bbls.

RECEIVED  
MAR 20 1974  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED John L. Anderson TITLE Agent DATE 3-19-74

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*See Instructions on Reverse Side