

N. M. & C. C. COPY,
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate*
(Other instruction
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.)

RECEIVED

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Read & Stevens, Inc. ✓</p> <p>3. ADDRESS OF OPERATOR P. O. Box 2126, Roswell, New Mexico 88201</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL & 1650' FEL, Sec. 13, T-15-S, R-27-E, N.M.P.M.</p> <p>14. PERMIT NO.</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. NM-2365</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Rose</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Buffalo Valley - Penn.</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13-15S-27E N.M.P.M.</p> <p>12. COUNTY OR PARISH Chaves</p> <p>13. STATE New Mexico</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3618.3 GR</p>		

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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" 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"/>	

(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. TD 1673'
2. Ran 42 Jts. of 8 5/8", 32#, J-55 ST & C Casing.
1704' set @ 1673' RKB measurements. Plug down at 6:20 P.M. 4-20-74.
Cemented with 200 sx. Class "H" with 2% CaCl₂.
3. WOC 24 hrs.
4. Pressure test casing and BOP to 1000 PSI for 30 minutes.
Pressure held O.K.

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

SIGNED

TITLE Agent

DATE 4-20-74

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

RECEIVED

APR 29 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

APPROVED

APR 29 1974

R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side