

UNITED STATES N. M. O. G. C. COPY
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYForm 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-2363	
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 990' FEL & 1650' FSL Sec. 14, T-15-S, R-27-E, N.M.P.M.		8. FARM OR LEASE NAME Langley "Com"	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3565.6 GR.		10. FIELD AND POOL, OR WILDCAT Buffalo Valley - Penn.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

- Spudded well 3-12-74, 9:30 P.M.
- Ran 8 jts. of 12 3/4", 34#, F.W.P.S., ST & C Casing. 341.09' set @ 341' RKB. Cemented with 150 sx. Class "C" with 2% CaCl₂, 1/4# Floseal, 5# gilsonite per sack followed by 150 sx. Class "C" with 2% CaCl₂, and 1/4# floseal per sack. Plug down @ 7:10 P.M., 3-13-74. Cement circulated 80 sx.
- WOC 12 hrs.
- Pressure tested casing to 500 PSI for 30 min. Held OK.

RECEIVED
MAR 28 1974
U. S. GEOLOGICAL SURVEY
ARTESIA, N. M.

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

SIGNED Joe W. [Signature] TITLE Agent DATE March 21, 1974

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:APPROVED
MAR 28 1974
H. L. BECKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side