

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P.O. Box 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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U.S.G.S	
LAND OFFICE	
OPERATOR	1

RECEIVED

AUG 13 1982

O. C. D.

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.

K-5110

SUNDRY NOTICES AND REPORTS ON WELLS ARTESIA, OFFICE
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT-" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Read & Stevens, Inc.

3. Address of Operator
P.O. Box 1518, Roswell, NM 88201

4. Location of Well

UNIT LETTER O . 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE. SECTION 16 TOWNSHIP 15S RANGE 29E NMFM

5. Elevation(Show whether DF,RT,GR,etc.)
3843.5' GR-3845' DF

7. Unit Agreement Name

8. Farm or Lease Name
Harris "16" State

9. Well No.
1

10. Field and Pool, or Wildcat
Undesignated

12. County
Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER Acidize & Run tubing ☒

Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

8-11-82 Acidize w/1000gal 15% pad acid, flush w/2% KCLW, ISIP Opsi, 32 BLTR, ran 58jts 2 3/8" EUE tbg, SN 1.10', perforated nipple 3', 1jt 2 3/8" EUE tbg w/BP 31.54', total 1797.67', ran rods and 2"X1 1/2"X12' RWBC. Put back on pump.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED B. Stobbs TITLE Drilling & Production Manager DATE August 11, 1982

APPROVED BY Leslie A. Clements TITLE SUPERVISOR, DISTRICT II DATE AUG 12 1982

CONDITIONS OF APPROVAL, IF ANY: