

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate*
(Other instruct on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-068043

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

-

8. FARM OR LEASE NAME

Harris Federal

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Und. Diamond Mound *Atk*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 34-15S-27E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

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 ☐ 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 (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

1980' FNL & 1980' FEL

14. PERMIT NO.

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15. ELEVATIONS (Show whether DF, RT, CR, etc.)

3482' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Spud & run casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(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.)*

5-10-82 Spud @ 3:00am 5-10-82.

5-11-82 Depth 395'. Ran 9jts 13 3/8"-54# J-55 csg, total 382', set @ 395'.
Cem w/ 400sx Class "C" w/2% CaCl. Circ 60sx. Plug down @ 8:30pm
5-10-82. Witnessed by the USMMS.

5-12-82 WOC 18hrs. Test BOP & csg @ 1000psi for 30 min, tested satisfactorily.

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

SIGNED

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

TITLE

DATE