

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN TRIPLICATE
NEW MEXICO COMMISSION
Artesia, NM 88210

Form approved.
BUDGET BUREAU No. 42-R1424

SUNDY 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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-2365
1. OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
2. NAME OF OPERATOR Read & Stevens, Inc. ✓		7. UNIT AGREEMENT NAME -
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201		8. FARM OR LEASE NAME Rose Federal
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements.* See also space 17 below.) At surface 1315' FNL and 1315' FEL		9. WELL NO. 4
14. PERMIT NO. -		10. FIELD AND POOL, OR WILDCAT Buffalo Valley Penn.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3604' GR		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13-T15S-R27E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, 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 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) Spud, ran csg, & cmt <input checked="" 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.)*

6-13-82 Spud 4:30am.

6-14-82 Csg set @ 415', ran 10jts 13 3/8"-54.7# J-55, ST&C, cmt w/500 sx Class "C" 2% CaCl. PD @ 3:30am
6-14-82, circ 75sx.

6-15-82 WOC 18hrs. Test csg & BOP @ 600psi for 30min, tested satisfactorily.

RECEIVED
JUN 17 1982

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED

B. Stables

TITLE Drilling & Production Manager

DATE 6-16-82

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE
JUN 30 1982

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO