

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate

COMMISSION approved.
BUDGET BUREAU No. 42-R1424
LEASE DESIGNATION AND SERIAL NO.
NM-18826

C187

RECEIVED BY
MAY 17 1984
ARTESIA, OFFICE

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-" Or Such proposals.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL GAS WELL OTHER _____

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Read & Stevens, Inc.

8. FARM OR LEASE NAME
Diamond Federal

3. ADDRESS OF OPERATOR
P.O. Box 1518, Roswell, NM 88201

9. WELL NO.
1

4. LOCATION OF WELL (Report location clearly and in accordance with State requirements.* See also space 17 below.)
At surface
1980' FNL and 660' FEL

10. FIELD AND POOL, OR WILDCAT
Undesignated Diamond Mound

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33-155-27E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3515' GR

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

5-4-84 Frac w/ 29,250 gals Versagel 1500 w/25% CO₂, carrying 26,500# 20-40 sand, 17,000# 12-20 super props. Max press 9350psi, avg 8500psi, rate 9 BPM fluid, 3 BPM CO₂. Sanded out @ 9350psi, cut treatment 3000gals short, 5min 4090psi, 10min 3840psi, 15min 3590psi, total 756 BLW, 50.5 tons CO₂, flowed back approx 250 BBIs, died @ 3:00am 5-4-84. Prep to swab.

I hereby certify that the foregoing is true and correct

SIGNED *Bruce Shelby* TITLE Drilling & Production Manager DATE 5-4-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD
APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
MAY 16 1984

*See instructions on Reverse Side