

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
TO THE STATE GEOLOGICAL SURVEY
version 1.0, 1984

COMMISSIONER approved.
BUDGET BUREAU No. 42-R1424
580000
WELL DESIGNATION AND SERIAL NO.
NM-18826

C187

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.)		MAY 17 1984 ARTESIA, OFFICE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Diamond Federal	
2. NAME OF OPERATOR Read & Stevens, Inc.		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT Undesignated Diamond Mound	
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33-15S-27E		12. COUNTY OR PARISH Chaves	
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		13. STATE NM		14. PERMIT NO. -	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3515' GR		16. Check Appropriate Box To Indicate Nature of Notice, Report, Other Data		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.)*	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

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

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

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

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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