

Form 9-331
(May 1963)

RECEIVED BY

AUG 15 1984

O. C. D.

ARTESIA OFFICE

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

UNITED STATES

SUBMIT IN TRIPLICATE*

DEPARTMENT OF THE INTERIOR (Other Instructions on re-verse side)
GEOLOGICAL SURVEY

Form approved.

BUDGET BUREAU No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.
NM-18826

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

(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 ☐ GAS ☐
WELL ☐ 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 State requirements.* See also space 17 below.)
At surface

1980' FNL and 660' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Diamond Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated Diamond Mound

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33-15S-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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

<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"/>

SUBSEQUENT REPORT OF:

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

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

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

<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.)*

8-1-84 Acidize w/2000gals 7 1/2% Morroflow acid, avg rate 2.4 BPM, max 3 BPM, avg press 6485psi, max 8500psi, load 47.6 BBLs acid, 21 BL, 68.6 BBLs total load, ISIP 6000psi, 5min 5500psi, 5:45 started flowing back, 8:40 died, 2:00am SG, flowing w/light blow.

I hereby certify that the foregoing is true and correct

SIGNED Burne Hultsch

TITLE Drilling & Production Manager

DATE 8-1-84

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF

ACCEPTED FOR RECORD
AUG 13 1984

TITLE

DATE

*See Instructions on Reverse Side