

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

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) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)*

5-7-85 TOH w/ rods, pump & tbg. Perf 7304'-7308', 7314'-7316', 7320'-7328', 1 shot/'. Ran tbg w/RTTS, set pkr @ 7188'. Acidize the interval 7304'-7343' w/ 8000 gals 20% NE FE acid w/ballsealers; max press 6000psi, avg press 4828psi, max rate 7.3 BPM, avg rate 6.9 BPM; ISIP-2000psi, 5min-1600psi, 10min-1400psi, 15min-1150psi; TLTR 218 BBLS, 190 BBLS acid plus 28 BBLS flush, balled off perms w/160 BBLS ln, surged off & pmpd remaining acid. Swbd & flwd back 60 BBLS. SOON.

I hereby certify that the foregoing is true and correct

SIGNED B. Hubbs TITLE Drilling & Production Manager DATE 5-7-85

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
MAY 20 1985
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side