

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

clsf

Form 3160-5
(November 1984)
(Formerly 9-331)

RECEIVED BY
AUG 30 1985

O. C. D.
(Do not use this form for proposals to drill or to deepen or plug back to different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals.)

UNITED STATES SUBMIT IN TRIPLICATE*
DEPARTMENT OF THE INTERIOR (Other Instructions on re-
BUREAU OF LAND MANAGEMENT verse side)

Form approved,
Budget Bureau No. 1004-0135
Expires August 31, 1985

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>		5. LEASE DESIGNATION AND SERIAL NO. NM-18826
2. NAME OF OPERATOR Read & Stevens, Inc. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201		7. UNIT AGREEMENT NAME
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		8. FARM OR LEASE NAME DIAMOND FEDERAL
14. PERMIT NO. -		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3515' GR		10. FIELD AND POOL, OR WILDCAT Undesignated Diamond Mound <i>ft</i>
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33-15S-27E
		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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <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.)*

7-30-85 Perforate 1460'-1475' w/ 4 shots/1, 0° phasing, decentralized gun, ran tubing, to 1500', swabbed 90 BLW, puffy blow of air after each run, SI 1hr, 200' fluid entry, SION.

8-1-85 TP 21psi. Load hole w/38 BBLS. Acidize w/1000gals 15% NE FE acid w/ ballsealers; max 1610psi, avg 1520psi, max rate 3.2 BPM, avg rate 2.4 BPM, good break 300psi, ISIP 1000psi, 5min 420psi, 10min 270psi. Load 24 BBLS acid, 8 BBLS flush, 77 BBLS casing volume. Total load 109 BBLS. Swabbed back 95 BBLS. NS. PBTD 1610', Premier Sand.

I hereby certify that the foregoing is true and correct

SIGNED *B. Stobbs* TITLE Drilling & Production Manager DATE 8/1/85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____

DATE _____

