

Form Approved BY  
(November 1983)  
(Formerly 9-331)

JUL 29 1985

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUBMIT IN TRIPLICATE  
ON ANY COPY OF THIS FORM  
Artesia, NM 88210

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

O. C. D.

SUNDY NOTICES AND REPORTS ON WELLS

ARTESIA OFFICE 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 WELL ☐ GAS 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

1190' FSL and 2310' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3537' GL

5. LEASE DESIGNATION AND SERIAL NO.  
NM-2363

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
LANGLEY FEDERAL

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT  
Buffalo Valley Penn

11. SEC. T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 14-15S-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  
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) Change Rig

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

REPAIRING WELL  
ALTERING CASING  
ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" 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.)\*

Sierra Rig #3 will be used to drill the Langley Federal #3 Instead of Sierra Rig #2. The same location size and BOP program will be used. The rig is expected to move to the location Tuesday, July 16, 1985, and spud Wednesday, July 17, 1985.

I hereby certify that the foregoing is true and correct

SIGNED

*Bruce Stahler*

TITLE Drilling & Production Manager

DATE 7/15/85

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE

JUL 26 1985

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA