

95F

Form 3160-5  
(November 1983)  
(Formerly 9-331)

NM OIL CONS. COMMISSION  
Drawer DD  
Artesia, NM 88210  
UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUBMIT IN TRIPlicate\*  
(Other instructions on reverse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS		5. LEASE DESIGNATION AND SERIAL NO.	
(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.)		NM-0115465-A	
1. OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Read & Stevens, Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201		8. FARM OR LEASE NAME TOLES FEDERAL	
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements.* See also space 17 below.) At surface 1980' FSL and 990' FWL		9. WELL NO. 2	
14. PERMIT NO. -		10. FIELD AND POOL, OR WILDCAT Buffalo Valley Penn	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3629' GL		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-15S-27E	
16. Check Appropriate Box To Indicate Nature of Notice, Report, Other Data		12. COUNTY OR PARISH Chaves	
		13. STATE NM	

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> COMMENCE OPERATIONS & RUN CSG	

(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.)\*

8-16-85 Depth 128'. Drilg. Lm&Rb. 128' of prog in 5hrs, 1/4hr slope, 18 3/4hrs RU. Bit #1- 17 1/2", Smith DSJ, RR, Wt all, 110 RPM, 12,12,12, 0'-128', 128', 5hrs. Pump- 6"x9", 115 strokes, 1000psi. Mud- 8.5#, vis 35, Ph 9. Dev @ 113'- 0°. Spud 17 1/2" hole @ 1:00am 8/16/85.

8-17-85 Depth 400'. NU. Dolo. 272' of prog in 5 1/2hrs, 1/2hr trip, 1/4hr circ, 14hrs WOC, 2 3/4hrs run csg, 1hr cmt. Test Hydril, BOP, chk, csg @ 800psi, 30min, tested satisfactorily. Ran 11jts, total 382', 13 3/8"-54.4#, 61#, 68#, J-55, St&C. Insert float @ 350', cmt w/100sx Class "C" thickset w/2% CaCl<sub>2</sub>, 300sx Class "C" cmt w/1/4 flocele, 10# gilsonite, 2% CaCl<sub>2</sub>, circ 90sx. PD @ 4:00pm, 8/16/85, plug d/d bump, float d/d not hold, Sl. Dev @ 400'- 1/2". TD 17 1/2" hole @ 11:30am @ 400' 8/16/85.

8-18-85 4hrs WOC, total 18hrs WOC.

I hereby certify that the foregoing is true and correct

SIGNED B. Stobbs TITLE Drilling & Production Manager DATE 8/20/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SEP 10 1985

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA