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	MM Oil Cons. Commission
RECLIVED BY	Drawer DD
RECLIVE	Artesia, NM 88210
3 50-5 0 1086	Form approved. Budget Bureau No. 1004-0135
(November 1985EP 12 1500 UNITED STATES SUBMIT IN TRIPLICALE* (November 1985EP 2 DEPARTMENT OF THE INTERIOR (Other instructions on re-	
(November 1985) DEPARTMENT OF THE INTERIOR (Other instructions on re- (Formerly 9-331) O. C. D. BUREAU OF LAND MANAGEMENT Verse side) ARTESIA, OFFICE DEPARTMENT OF THE INTERIOR (Other instructions on re-	5. LEASE DESIGNATION AND SERIAL NO.
STAL OFFICE BORENO OF ENVIOLENT	NM-0115465-A
SUNDRY NOTICES AND REPORTS ON WELLS	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	7. UN IT AGREEMENT NAME
WELL WELL X OTHER	-
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Read & Stevens, Inc.	TOLES FEDERAL
3. ADDRESS OF OPERATOR	9. WELL NO.
P.0. Box 1518, Roswell, NM 88201	2
4. LOCATION OF WELL(Report location clearly and in apportance wide)	10. FIELD AND POOL, OR WILDCAT
requirements.* See also space 17 below.)	Buffalo Valley Penn
At surface	11. SEC. T.,R.,M.,OR BLK. AND
1980' FSL and 990' FWL	SURVEY OR AREA
1980' FSL and 990' FWL	Sec. 24-155-27E 12. COUNTY OR PARISH 13. STATE
14. PERMIT NO. 15. ELEVATIONS (Show whether Br, RT, GR, etc.)	Chaves NM
- <u>3629' GL</u>	010703
16. Check Appropriate Box To Indicate Nature of Notice, Report,	
	SUBSEQUENT REPORT OF:
NOTICE OF INTENTION TO:	
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREAT	CIDIZING ABANDONMENT*
OF ANGE PLANS (Other) First	Production X
(Other) (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.)*	
8-29-86 Put on line @ 9:10 a.m. 8-28-86 (Thursday). SITP 1720psi, 85 MCFD @ 58	Upsi IP.
I hereby certify that the foregoing is true and correct	
2 DA IA	·
SIGNED Subly TITLE Drilling & Production	Manager DATE 8/29/86
(This space for Federal or State office use)	ACCEPTED FOR RECORD
(This space for receiver of effete effete and	PETER W. CHESTER
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	1000
	SEP 1 1 1986
*See Instructions on Reverse Side	
*See Instructions on Reverse Side	
*See Instructions on Reverse Side	BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA
*See Instructions on Reverse Side	