

c/sf

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

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

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	
10. FIELD AND POOL, OR WILDCAT Buffalo Valley Penn		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-15S-27E	
14. PERMIT NO. -	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3629' GL	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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

10-04-86 Frac w/20,000 gal gel wtr & w/10,000 gal CO₂. Avg rate 10 BPM, avg press 7000psi, max press 10,000psi, scr out w/12,000 gal in fm & 15,000 12-20 sand, flwd bk 30 bbls & died, attempt to pmp into fm, scr off, 300 BLWTR.

10-05-86 SI 17-1/2 hrs, TP 300psi, release pkr, TOH, LD pkr, TIH, open ended wash sand 9833' to 8995', 262'.

10-06-86 SI 13 hrs, 0psi, TOH, RU Bell Pet. Surv., pref 4 shots/ft, 8744'-52', 8759'-8762', 52 holes, TIH w/Uni VI pkr, set pkr @ 8644/06', swb 4 hrs, rec'd 34 bbls, 300 BLTR. 6:00am: SI 13 hrs, TP 350psi, prep to swb.

I hereby certify that the foregoing is true and correct

SIGNED Peter W. Chester TITLE Drilling & Production Manager DATE 11/10/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

