

NM DIE CONS. COMMISSION
Drawer DD
UNITED STATES ARTESIA, NM 88210
DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)
BUREAU OF LAND MANAGEMENT

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

C15F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT-1" for such proposals.)

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.
4

10. FIELD AND POOL, OR WILDCAT
Buffalo Valley Penn

11. SEC. T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 14-T15S-R27E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

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

1520' FNL & 1780' FEL

14. PERMIT NO.
-

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3560' GL

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"/>

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) DST #1

<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.)*

9-23-85 DST #1: 2994'-3074', 80', Open tools @ 11:15am 30 mins, no blow, loose fluid on annulus, no blow, pump to keep hole full, DP differentially stuck, drop bar, clrc hole w/FW, pld tools.

I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE Drilling & Production Manager DATE 10-2-85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD
PETER W. CHESTER

DATE

*See Instructions on Reverse Side

OCT 3 1985
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA