STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT		AUG 3 0 198	4	Fav. 0.403	
NO. OF COPIES RECEIVED	OIL CONSERVATION DIVISION	N O. C. D.	[Form C-103 Revised 10-1-78	
DISTRIBUTION	P.O. Box 2088	ARTESIA, OFFIC	E I	1.041360 10-1-70	
SANTA FE	SANTA FE, NEW MEXICO 875			Type of Lease	
FILE			State X	Fee	
U.S.G.S				<u> </u>	
LAND OFFICE			5. State Oil	& Gas Lease No.	
OPERATOR I					
		- "	E-	5668	
SUNDRY NOTICES AND REPORTS ON WELLS				kxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT			**************************************		
RESERVOIR. USE "APPLICATION FOR PERMIT-" (FORM C-101) FOR SUCH PROPOSALS.) 1. OIL GAS			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
TOTE GAS WELL X OTHER			7. Unit Agreement Name		
. Name of Operator			8. Farm or Lease Name		
Read & Stevens, inc.			Getty Mesa		
3. Address of Operator			9. Well No.		
P.O. Box 1518, Roswell, NM 88201			2		
4. Location of Well				d Pool, or Wildcat	
UNIT LETTER J . 1980 FEET FROM THE South LINE AND 1980 FEET FROM			Hosp Salid - 6 - SA- Und. Bunker HIII Penrose Assoc:		
THE East LINE, SECTION 14 TOWNSHIP 16S RANGE 31E NMPM				<u>.</u> ^^^^^^^^^	
KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Elevation(Show whether DF,RT,GR 4392.1' GR	,etc.)	12. County Eddy	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Check Appro Notice of Intent	opriate Box To Indicate Nature of No ION TO:	otice, Report or Oti SUBSEQUENT RI			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER PLUG AND ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB OTHER Connect pip			ALTERING CASING PLUG AND ABANDONMENT Deline X		
Describe Proposed or Completed Or	perations(Clearly state all pertine	nt details and dive	a partinent da	tes Including esti	
nated date of starting any propos		ir derairs, and give	e per i mem da	res, including esti-	
8-21-84 SI TP 1000p Phillips pi	osi, open 9/64" chk, 900psi, rate 19 peline.	90 MCF, 50x50x4" me1	ter run, turne	i into	
I hereby certify that the inform	nation above is true and complete to	the best of my kno	owledge and be	lief.	
SIGNED Shu		& Production Manage	_	8-29-84	
APPROVED BY	Original Signed By Leslie A. ClementhTLE		DATE_	OCT 15 1984	
CONDITIONS OF APPROVAL, IF ANY	Supervisor District		-		

REC /ED BY