

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

415F

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-28096 RECEIVED
2. NAME OF OPERATOR Read & Stevens, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201	7. UNIT AGREEMENT NAME OCT 20 '89
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 1920' FWL	8. FARM OR LEASE NAME O. C. D. ARTESIA, OFFICE Jamie Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3723' GL	10. FIELD AND POOL, OR WILDCAT Tamano Bone Springs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14-18S-31E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) 5 1/2" csg <input checked="" type="checkbox"/>	
(Other) <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.)*			

TD 7 7/8" hole at 9,190' on 10/02/89: Log well and run 266 jts 5 1/2" csg to T. D. Cmt w/685 sx cmt on first stage, 1,280 sx cmt on second stage, DV @ 6,003'. Bump plug, csg was tested to 2,250 psi for 30 min, OK.

RECEIVED  
OCT 17 11 03 AM '89  
CARLSBAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED <u>John C. Mafy Jr.</u>	TITLE <u>Petroleum Engineer</u>	DATE <u>10/09/89</u>
(This space for Federal or State office use)		
APPROVED BY (ORIG. SGD.) <u>DAVID R. GLASS</u>		
CONDITIONS OF APPROVAL, IF ANY: OCT 18 1989		

CARLSBAD, NEW MEXICO \*See Instructions on Reverse Side