

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
Read & Stevens, Inc. ✓

3. ADDRESS OF OPERATOR  
P.O. Box 1518, Roswell, NM 88202

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

RECEIVED

APR 30 '90

C. D.  
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.  
NM-28096

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Jamie Federal

9. WELL NO.  
1

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

10. Check Appropriate Box To Indicate Nature of Notice, Report, or 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 checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

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

After setting 5 1/2" csg, perforated from 9,136'-9,154' and acidized w/1000 gal 20% NEFE. Swab tested, rec trace oil. Set CIBP @ 9,100' w/10 sx cmt on top, perforated 8214-32 and 8196-8206. Acidize w/3000 gal 20% NEFE. Swab tested trace oil. Set CIBP @ 8,192' w/10 sx cmt on top. Perforated Bone Spring carbonate from 8,092'-8,178', 64 holes. Acidize with 5000 gal 15% NEFE. Swab test recovered show of oil. SWI, evaluate Grayburg for recompletion.

ACCEPTED FOR RECORD

Adm

APR 16 1990

CARLSBAD, NEW MEXICO

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

SIGNED

John C. Maffey Jr.

TITLE Petroleum Engineer

DATE

3-5-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
MAR 7 11 45 AM '90  
CARLSBAD RESOURCE  
AREA HEADQUARTERS