

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE

Form approved.

BUDGET BUREAU No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

22-064490

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Hackberry Hills Unit

8. FARM OR LEASE NAME

Hackberry Hills

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Hackberry Hills Canyon E.

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 22-22S-26E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL GAS
WELL ☐ 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

2310' FNL and 1980' FWL

14. PERMIT NO.

-

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

3404' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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

PULL OR ALTER CASING

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

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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

REPAIRING WELL

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

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Acidize

X

(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.)*

7-14-83

Load annulus w/68 BW, acidize w/2000gals 7 1/2% HCl acid w/1000 SCF N₂/Bbl. Rate 3 BPM acid, 5.6 BPM total acid & N₂. Avg press 1300psi, max 1800psi, ISIP 1500psi, 5min 1300psi, 10min 1200psi, 15min 1200psi. Load 48 BA, 79,400 SCF N₂. Flwd back 3 BA & N₂ then died prop to snub

7-16-83

Put on compressor.

RECEIVED BY

SEP 09 1983

O. C. D.

ARTESIA, OFFICE

I hereby certify that the foregoing is true and correct

SIGNED

Bruce Stables

TITLE Drilling & Production Manager

DATE 7-20-83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

SEP 7 1983

ROSWELL, NEW MEXICO