Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico _p	£CE142088	5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	JL	IN 1 7 1991	6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELDS, OFFICE (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.)		7. Lease Name or Unit Agreement Name			
1. Type of Well: on. well Well	OTHER		Otis "34"		
2. Name of Operator		8. Well No.			
Read & Stevens, Inc.			1.		
3. Address of Operator			9. Pool name or Wildcat		
P. O. Box 1518, F	S. Carlsbad Morrow				
4. Well Location Unit Letter: 1828.5 Feet From The Line and Feet From The Line					
Section 34 Township 22S Range 27E NMPM Eddy County					
10. Elevation (Show Whether Dr., RKB, RI, GK, etc.)					
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
		REMEDIAL WORK			
	CHANGE PLANS	COMMENCE DRILLING OPNS.			
PULL OR ALTER CASING					
OTHER: <u>Recomplete the Ma</u>	orrow X	OTHER:			

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12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

R & S Inc., proposes to complete the well in the Morrow formation by perforating 11973'-11978', 11813'-11820', and 11782'-11790, and treating as necessary. An attempt to recomplete in the Atoka interval earlier this year was unsuccessful, and the Atoka was squeezed.

I hereby certify that the info SKONATURE	mation above is true and complete to the best of my kno	wiedge and belief.	Engineer	DATE
TYPE OR PRINT NAME	70			TELEPHONE NO.
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS			JUN 1 8 1991
AFTROVED BY	SUPERVISOR, DISTRICT I	TITLE		DATE
CONDITIONS OF APPROVAL	IF ANY:			