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 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	30_015_2/658			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM (FORM C-101) FOR SUCH PROPOSALS.)	PLUG BACK TO A 7 Less Nove 15 16 17			
1. Type of Well: OIL GAS WELL COTHER 2. Name of Operator	Otis "34" FEB 2 6 1997 8. Well No.			
Read & Stevens, Inc. 3. Address of Operator P.O. Box 1518, Roswell, New Mexico 88202-1518 4. Well Location	9. Pool name or Wilder South Carls Das Flor Fow			
Unit Letter F :1828.5 Feet From The North Section 34 Township 22S Range				
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3107 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON F	REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS C	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
	CASING TEST AND CEMENT JOB			
OTHER:	OTHER: Recomplete Delaware			
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and g work) SEE RULE 1103.	ive pertinent dates, including estimated date of starting any proposed			

01/96 MIRUPU & rls pkr, POH. RIH w/CIBP & set @10,800', dump 32' of cmt on top of CIBP. Set a 28 sx cmt plug via tbg f/8150-8000'. Perf Delaware f/5442-5506'. Frac stimulate w/96 bbls x-link borate gel followed by 26,460# 16/30 Ottawa sd & swab load. Perf Delaware f/5284-5408'. Acidize w/1500 gal of 7 1/2% NEFe HCl. Swab load. Perf Delaware f/4803-4818' & swab load wtr. Commingle all perfs & swab test well recovering 3 BO & 24 BW. Prep to P&A.

I hereby certify that the information above is true, and complete to the best of my know	viedge and belief.	·
SIGNATURE DIN CMARY	THE Petroleum Engineer	ратв <u>February 25, 1</u> 99
TYPE OR PRINT NAME John C. Maxey, Jr		TELEPHONE NO 505 - 622 - 37 70
(This space for State Use)		
APPROVED BY	ти	DATE
CONDITIONS OF APPROVAL, IF ANY:		