

APPLICATION FOR MULTIPLE COMPLETION

Operator	County	Date
Read & Stevens, Inc.	Lea	June 20, 1986
Address	Lease	Well No.
P.O. Box 1518, Roswell, NM	Laurie "D" Federal	1
Location of Well	Unit	Section
A	15	20S
		34E

All Applicants for multiple completion must complete Items 1 and 2 below.

1. The following facts are submitted:	Upper Zone	Intermediate Zone	Lower Zone
a. Name of Pool and Formation	Lea Bone Springs		Laguna Valley-Morrow
b. Top and Bottom of Pay Section (Perforations)	9836'-9315'		13,078'-13,008'
c. Type of production (Oil or Gas)	Oil		Gas
d. Method of Production (Flowing or Artificial Lift)	Rod Pump		Flowing
e. Daily Production	14 BO		26 BO
<input checked="" type="checkbox"/> Actual	0 MCF		620 MCF
<input type="checkbox"/> Estimated	9 BW		0 BW
Oil Bbls.			
Gas MCF			
Water Bbls.			

2. The following must be attached:

- Diagrammatic Sketch of the Multiple Completion, showing all casing strings, including diameters and setting depths, centralizers and/or turbolizers and location thereof, quantities used and top of cement, perforated intervals, tubing strings, including diameters and setting depth, location and type of packers and side door chokes, and such other information as may be pertinent.
- Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the names and addresses of operators of all leases offsetting applicant's lease.
- Electrical log of the well or other acceptable log with tops and bottoms of producing zone and intervals of perforation indicated thereon. (If such log is not available at the time application is filed it shall be submitted as provided by Rule 112-A.)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed [Signature] Title Drilling & Production Mgr. Date June 20, 1986

(This space for State Use)

Approved By [Signature] Title DISTRICT 1 SUPERVISOR Date JUN 23 1986

NOTE: If the proposed multiple completion will result in an unorthodox well location and/or a non-standard proration unit in one or more of the producing zones, then separate application for approval of the same should be filed simultaneously with this application.

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
APPLICATION FOR MULTIPLE COMPLETION

Form C-107
5-1-61

Operator Read & Stevens, Inc.		County Lea	Date June 17, 1986
Address P.O. Box 1518, Roswell, NM 88202		Lease Laurie "D" Federal	Well No. 1
Location of Well A	Unit 15	Township 20S	Range 34E

1. Has the New Mexico Oil Conservation Commission heretofore authorized the multiple completion of a well in these same pools or in the same zones within one mile of the subject well? YES X NO **U.S. Smelting**
2. If answer is yes, identify one such instance: Order No. R-1974 ; Operator Lease, and Well No.: #1-11 Federal
SE/NW Sec.11-20S-34E

3. The following facts are submitted:	Upper Zone	Intermediate Zone	Lower Zone
a. Name of Pool and Formation	Lea Bone Springs		Laguna Valley - Morrow
b. Top and Bottom of Pay Section (Perforations)	9836'-9315'		13,078'-13,008'
c. Type of production (Oil or Gas)	Oil		Gas
d. Method of Production (Flowing or Artificial Lift)	Rod Pump		Flowing

4. The following are attached. (Please check YES or NO)

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Diagrammatic Sketch of the Multiple Completion, showing all casing strings, including diameters and setting depths, centralizers and/or turbolizers and location thereof, quantities used and top of cement, perforated intervals, tubing strings, including diameters and setting depth, location and type of packers and side door chokes, and such other information as may be pertinent.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the names and addresses of operators of all leases offsetting applicant's lease.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Waivers consenting to such multiple completion from each offset operator, or in lieu thereof, evidence that said offset operators have been furnished copies of the application.*
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and intervals of perforation indicated thereon. (If such log is not available at the time application is filed it shall be submitted as provided by Rule 112-A.)

5. List all offset operators to the lease on which this well is located together with their correct mailing address.

Ownership	Address
SE/4 Section 10	Read & Stevens, Inc.; P.O. Box 1518, Roswell, NM 88202
SW/4 Section 10	Estroil Production Co.; 400 W.Illinois Suite 1600, Midland, TX
NW/4 Section 15	Read & Stevens, Inc. 79701
N2/SW&SE/SW Section 15	Read & Stevens, Inc.
N/2 Section 22	Sun Exploration Co.; P.O. Box 1861, Midland, TX 79702-9970
N2/NW Section 23	Merridian Oil Co.; 21 Desta Drive, Midland, TX 79705
SW/4 Section 14	Merridian Oil Co.
NW/4 Section 14	Kaneb Production Co.; 400 Wilco Bldg, Midland, TX 79701
SW/4 Section 11	National Coop. Refining Assoc.; 2215 Wilco Bldg, Midland, TX 79701

6. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES NO X . If answer is yes, give date of such notification .

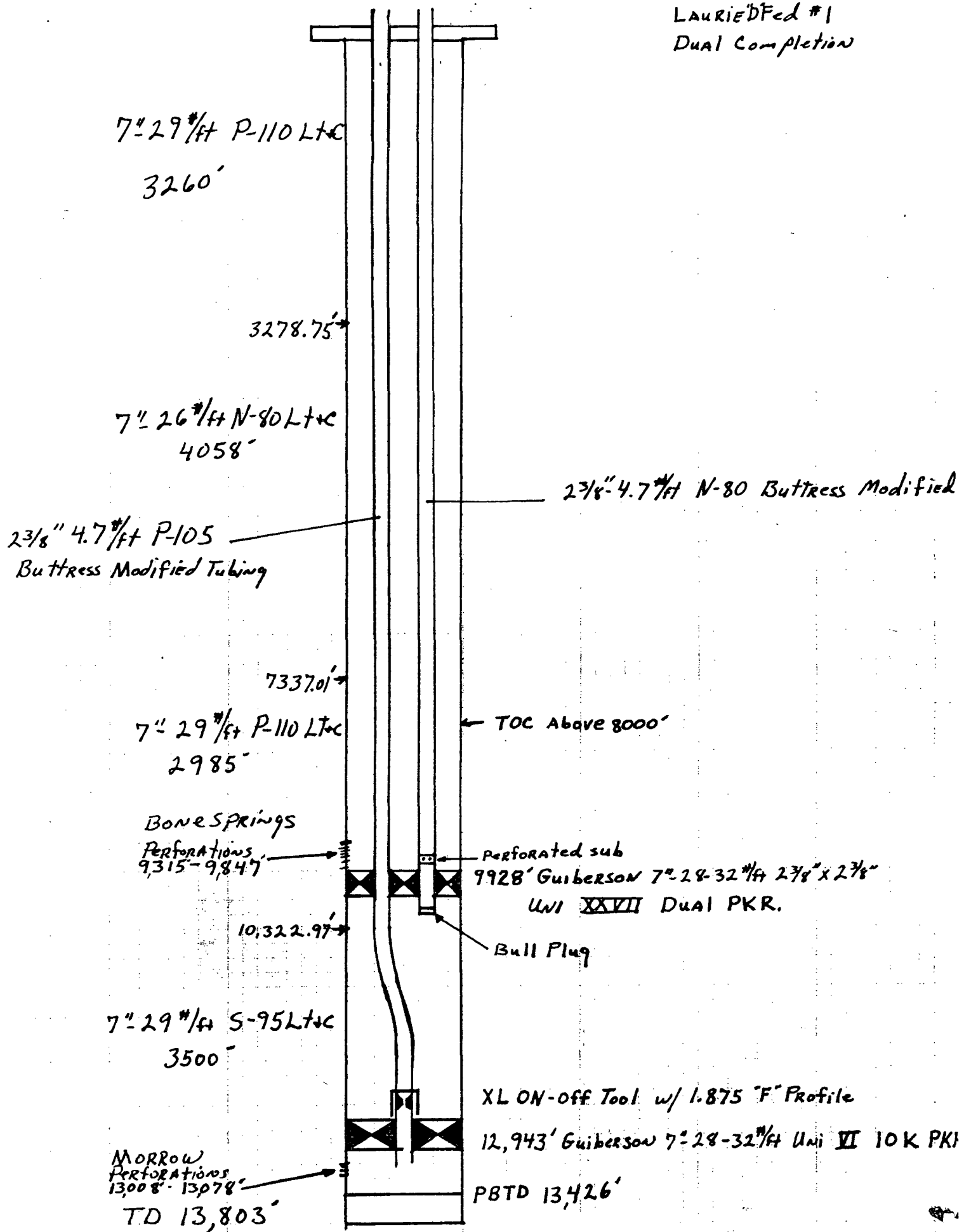
CERTIFICATE: I, the undersigned, state that I am the Drilling & Production Manager of the Read & Stevens, Inc. (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

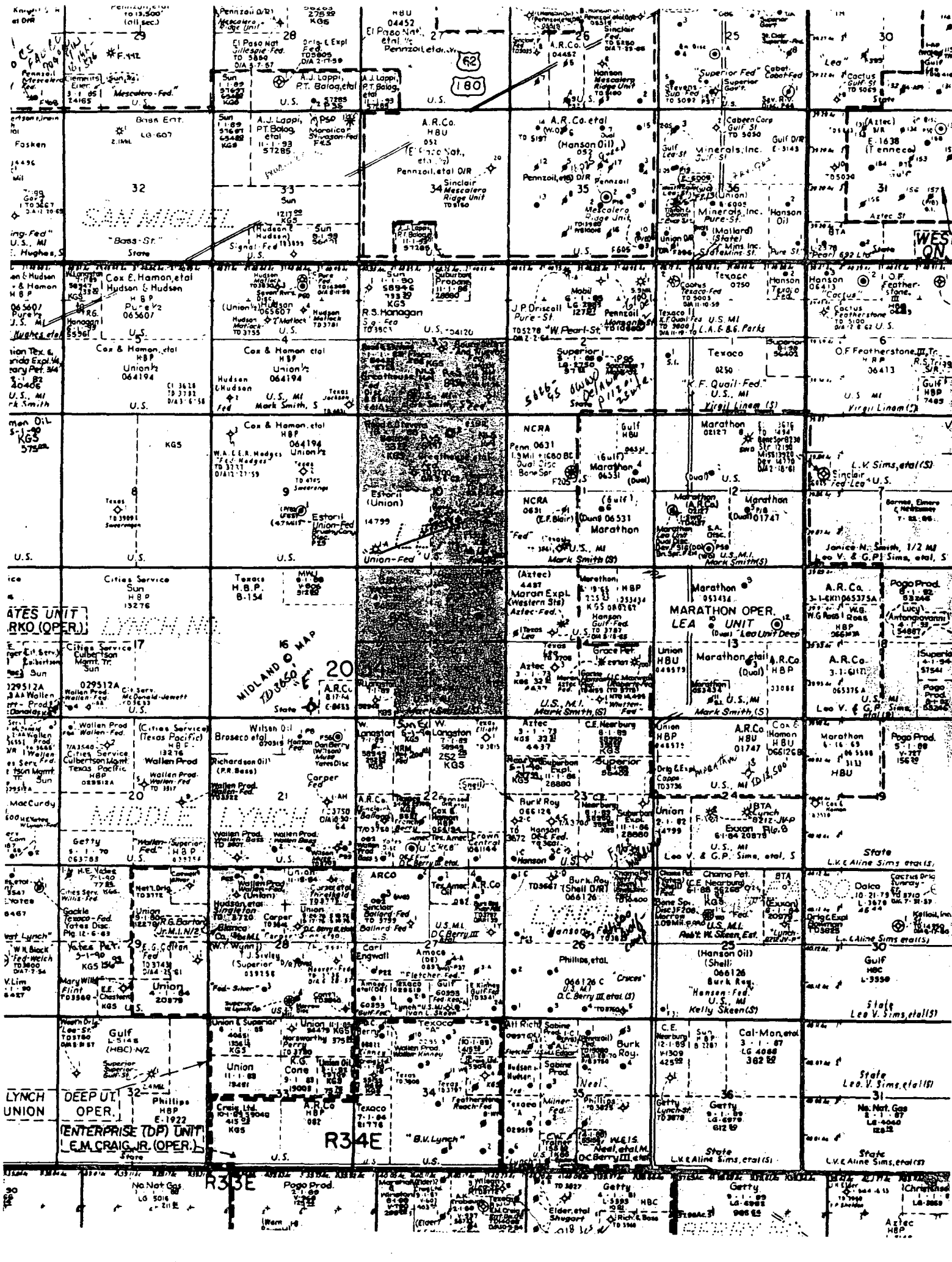

Signature **Bruce A. Stubbs**

*Should waivers from all offset operators not accompany an application for administrative approval, the New Mexico Oil Conservation Commission will hold the application for a period of twenty (20) days from date of receipt by the Commission's Santa Fe office. If, after said twenty-day period, no protest nor request for hearing is received by the Santa Fe office, the application will then be processed.

NOTE: If the proposed multiple completion will result in an unorthodox well location and/or a non-standard proration unit in one or more of the producing zones, then separate application for approval of the same should be filed simultaneously with this application.

LAURIE'D Fed #1
Dual Completion





Form 3160-5
(November 1983)
(Formerly 9-331)United States Submit in triplicate *
Department of the Interior (Other Instructions
Bureau of Land Management on reverse side.)Budget Bureau No. 1004-0135
Expires August 31, 19855. Lease Designation and Serial No.
NM-065706. If Indian, Allottee or Tribe Name
-7. Unit Agreement Name
-8. Farm or Lease Name
LAURIE "D" FEDERAL9. Well No.
110. Field and Pool, or Wildcat
UNDES. MORROW / BONE SPRINGS11. Sec, T, R, M, or Bk & Survey or Area
SEC. 15-T20S-R34E12. County or Parish
LEA13. State
NMSundry 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 ☐ Gas ☐
Well ☐ Well ☐ Other ☒ DUAL COMPLETION2. Name of Operator
READ & STEVENS, INC.3. Address of Operator
P.O. BOX 1518, ROSWELL, NM 882014. Location of Well (Report location clearly and in accordance with State
requirements. * See also space 17 below.)
At surface
660'FNL & 990'FEL14. Permit No.
-15. Elevations (Show whether DF, RT, GR, etc.)
3642' GL

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

Notice Of Intention To:

Test Water Shut-off ☐Fracture Treat ☐Shoot or Acidize ☐Repair Well ☐(Other) ☐Pull or Alter Casing ☐Multiple Complete ☐Abandon * ☐Change Plans ☒

Subsequent Report Of:

Water Shut-off ☐Fracture Treatment ☐Shooting or Acidizing ☐(Other) REQUEST FOR OFFLEASE SALES ☒Repairing Well ☐Altering Casing ☐Abandonment * ☐

(Note: Report results of multiple completion on C-105)

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.) *

THE LAURIE "D" FEDERAL #1 IS LOCATED IN THE NE/NE OF SECTION 10, A PIPELINE HAS BEEN CONSTRUCTED TO CONNECT
THIS WELL TO THE NORTH LEA FEDERAL #1-Y PIPELINE LOCATED IN THE NE/SE OF SECTION 10, THE WELLS ARE COMMINGLED
AT THIS POINT AND FLOW TO A COMMON METER LOCATED AT THE CONNECTION POINT ON LLANO'S PIPELINE IN THE SW/SW OF
SECTION 10. EACH WELL WILL HAVE A SEPARATE CHECK METER TO PRORATE THE GAS VOLUMES. THEREFORE, WE RESPECTFULLY
REQUEST AUTHORIZATION FOR OFFLEASE SALES ON THE LAURIE "D" FEDERAL #1.

I hereby certify that the foregoing is true and correct

Signed

B. J. Stubbs

Title DRILLING & PRODUCTION MANAGER

Date JUNE 9, 1986

(This space for Federal or State office use)

Approved By

L. Mark Holtz

Title

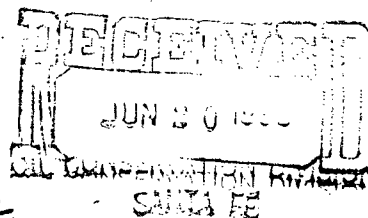
Acting Area Mgr

Date

6/10/86

Conditions of approval, if any:

1. Gas to be commingled and sold off lease must be comparable in BTU content.
2. W.I. owners on both leases (NM-06570 & NM-56264)
3. Both leases must have same royalty rate.
4. Individual gas meters to be calibrated semi-annually.
5. Oil to be measured and sold on its own lease.



Subject to
Like Approval
by State

*Dual
Completion*

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*																																															
a. TYPE OF WELL: OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/> Dual																																															
b. TYPE OF COMPLETION: NEW <input type="checkbox"/> WORK <input type="checkbox"/> DEEP- <input type="checkbox"/> PLUG <input type="checkbox"/> DIVE <input type="checkbox"/> RESV. <input type="checkbox"/> OTHER <input type="checkbox"/> Revised																																															
c. NAME OF OPERATOR Read & Stevens																																															
d. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201																																															
e. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 660' FNL & 990' FEL At top prod. interval reported below At total depth																																															
14. PERMIT NO. DATE ISSUED																																															
15. SPUD DATE 9-14-85 16. DATE TO REACHED 12-2-85 17. COMP DATE (Ready to prod) 1-27-86 18. ELEV (OF, RKB, RT, GR, ETC.) * 3642' GL 19. ELEV CSG HEAD																																															
20. TD, MD & TVD 13,821' 21. PBTD, MD & TVD 13,426' 22. IF MULT COMP, HOW MANY? * 2 23. INTERVALS ROTARY TOOLS CABLE TOOLS DRILLED BY 0'-13,821' -																																															
24. PRODUCING INTERVAL(S) OF THIS COMPLETION- TOP, BOTTOM, NAME (MD AND TVD) * 13,008'-13,078' - Pennsylvanian & 9315'-9871' - Bone Springs																																															
25. WAS DIRECTIONAL SURVEY MADE? No																																															
26. TYPE ELECTRIC AND OTHER LOGS RUN FDC, CNL, MLL, DLL, Calliper and Gamma Ray																																															
27. WAS WELL CORED Yes																																															
28. CASING RECORD (Report all strings set in well)																																															
<table border="1"><thead><tr><th>CASING SIZE</th><th>WEIGHT, LB./FT.</th><th>DEPTH SET (MD)</th><th>HOLE SIZE</th><th>CEMENTING RECORD</th><th>AMOUNT PULLED</th></tr></thead><tbody><tr><td>20"</td><td>94#</td><td>520'</td><td>26"</td><td>500sx HLW & 200sx Class "C"</td><td>None</td></tr><tr><td>13 3/8"</td><td>68#, 61#, 54, 5#</td><td>3200'</td><td>17 1/2"</td><td>500sx HLW & 300sx Class "C"</td><td>Circ 50sx</td></tr><tr><td>9 5/8"</td><td>43, 5#</td><td>5209'</td><td>12 1/4"</td><td>225sx HLC & 300sx Class "H"</td><td>None</td></tr><tr><td>7"</td><td>26#, 29#</td><td>13821'</td><td>8 1/2"</td><td>1175sx Class "H" & 325sx HLWC</td><td>None</td></tr></tbody></table>										CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED	20"	94#	520'	26"	500sx HLW & 200sx Class "C"	None	13 3/8"	68#, 61#, 54, 5#	3200'	17 1/2"	500sx HLW & 300sx Class "C"	Circ 50sx	9 5/8"	43, 5#	5209'	12 1/4"	225sx HLC & 300sx Class "H"	None	7"	26#, 29#	13821'	8 1/2"	1175sx Class "H" & 325sx HLWC	None								
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED																																										
20"	94#	520'	26"	500sx HLW & 200sx Class "C"	None																																										
13 3/8"	68#, 61#, 54, 5#	3200'	17 1/2"	500sx HLW & 300sx Class "C"	Circ 50sx																																										
9 5/8"	43, 5#	5209'	12 1/4"	225sx HLC & 300sx Class "H"	None																																										
7"	26#, 29#	13821'	8 1/2"	1175sx Class "H" & 325sx HLWC	None																																										
29. LINER RECORD																																															
<table border="1"><thead><tr><th>SIZE</th><th>TOP (MD)</th><th>BOTTOM (MD)</th><th>SACKS CEMENT*</th><th>SCREEN (MD)</th><th>SIZE</th><th>DEPTH SET (MD)</th><th>PACKER SET (MD)</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td><td>2 3/8"</td><td>12,936'</td><td>12,936'</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>2 3/8"</td><td>9920'</td><td>9920'</td></tr></tbody></table>										SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)						2 3/8"	12,936'	12,936'						2 3/8"	9920'	9920'														
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)																																								
					2 3/8"	12,936'	12,936'																																								
					2 3/8"	9920'	9920'																																								
30. TUBING RECORD																																															
31. PERFORATION RECORD (Interval, size and number)																																															
Morrow: 13,078' (4 SPF, 166 holes) Bone Springs: 9836'-9847' (11', 2 SPF, 22 holes) 9855'-9871' (16', 2 SPF, 32 holes) 9470'-9476' (6', 7 holes) 9490'-9508' (18', 19 holes) 9604'-9612' (8', 9 holes) 9315'-9342' (27', 1 SPF, 28 holes)																																															
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																																															
<table border="1"><thead><tr><th>DEPTH INTERVAL (MD)</th><th>AMOUNT AND KIND OF MATERIAL USED</th></tr></thead><tbody><tr><td>13,008'-13,078'</td><td>Acidz w/8000gals 7 1/2% NE-FE acid w/30% CO₂</td></tr><tr><td>9836'-9871'</td><td>Acidz w/2000gals 15% NE acid w/70 ballisealer</td></tr><tr><td></td><td>Acidz w/16000gals 20% NE-FE acid & 18000gals gelled pad & 16000gals flush.</td></tr><tr><td>9470'-9612'</td><td>Acidz w/3000gals 15% NE-FE acid w/53 ballislr</td></tr><tr><td></td><td>Acidz w/16000gals 20% NE-FE acid & 18000gals gelled water in 4 stages.</td></tr><tr><td>9315'-9342'</td><td>Acidz w/6000gals 20% NE-FE acid w/4560# rock salt & Benzoic acid.</td></tr></tbody></table>										DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED	13,008'-13,078'	Acidz w/8000gals 7 1/2% NE-FE acid w/30% CO ₂	9836'-9871'	Acidz w/2000gals 15% NE acid w/70 ballisealer		Acidz w/16000gals 20% NE-FE acid & 18000gals gelled pad & 16000gals flush.	9470'-9612'	Acidz w/3000gals 15% NE-FE acid w/53 ballislr		Acidz w/16000gals 20% NE-FE acid & 18000gals gelled water in 4 stages.	9315'-9342'	Acidz w/6000gals 20% NE-FE acid w/4560# rock salt & Benzoic acid.																								
DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED																																														
13,008'-13,078'	Acidz w/8000gals 7 1/2% NE-FE acid w/30% CO ₂																																														
9836'-9871'	Acidz w/2000gals 15% NE acid w/70 ballisealer																																														
	Acidz w/16000gals 20% NE-FE acid & 18000gals gelled pad & 16000gals flush.																																														
9470'-9612'	Acidz w/3000gals 15% NE-FE acid w/53 ballislr																																														
	Acidz w/16000gals 20% NE-FE acid & 18000gals gelled water in 4 stages.																																														
9315'-9342'	Acidz w/6000gals 20% NE-FE acid w/4560# rock salt & Benzoic acid.																																														
33. * ** Morrow ** PRODUCTION																																															
<table border="1"><thead><tr><th>DATE FIRST PROD</th><th>PROD METHOD (Flwg, gas lift, pumping - size & type of pump)</th><th>WELL STATUS (Prod or SI)</th></tr></thead><tbody><tr><td>1-18-86</td><td>Flowing</td><td>Producing</td></tr><tr><td>DATE OF TEST</td><td>HOURS TESTED</td><td>CHOKE SIZE</td><td>PROD FOR</td><td>OIL -BBL.</td><td>GAS-MCF.</td><td>WATER-BBL.</td><td>GAS-OIL R/P</td></tr><tr><td>1-23-86</td><td>4</td><td>11/64"</td><td>TEST PERIOD</td><td>6</td><td>CAOF 1865</td><td>0</td><td>14.63</td></tr><tr><td>FLOW TBG PRESSURE</td><td>CASING PRESSURE</td><td>CALCULATED</td><td>OIL-BBL.</td><td>GAS-MCF.</td><td>WATER-BBL.</td><td>OIL GRAVITY-API (C</td><td></td></tr><tr><td>1772</td><td>0</td><td>24-HOUR RATE</td><td>36</td><td>CAOF 1865</td><td>0</td><td>53</td><td></td></tr></tbody></table>										DATE FIRST PROD	PROD METHOD (Flwg, gas lift, pumping - size & type of pump)	WELL STATUS (Prod or SI)	1-18-86	Flowing	Producing	DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD FOR	OIL -BBL.	GAS-MCF.	WATER-BBL.	GAS-OIL R/P	1-23-86	4	11/64"	TEST PERIOD	6	CAOF 1865	0	14.63	FLOW TBG PRESSURE	CASING PRESSURE	CALCULATED	OIL-BBL.	GAS-MCF.	WATER-BBL.	OIL GRAVITY-API (C		1772	0	24-HOUR RATE	36	CAOF 1865	0	53	
DATE FIRST PROD	PROD METHOD (Flwg, gas lift, pumping - size & type of pump)	WELL STATUS (Prod or SI)																																													
1-18-86	Flowing	Producing																																													
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD FOR	OIL -BBL.	GAS-MCF.	WATER-BBL.	GAS-OIL R/P																																								
1-23-86	4	11/64"	TEST PERIOD	6	CAOF 1865	0	14.63																																								
FLOW TBG PRESSURE	CASING PRESSURE	CALCULATED	OIL-BBL.	GAS-MCF.	WATER-BBL.	OIL GRAVITY-API (C																																									
1772	0	24-HOUR RATE	36	CAOF 1865	0	53																																									
** Bone Springs **																																															
<table border="1"><thead><tr><th>DATE FIRST PROD</th><th>PROD METHOD (Flwg, gas lift, pumping - size & type of pump)</th><th>WELL STATUS (Prod or SI)</th></tr></thead><tbody><tr><td>2-1-86</td><td>Pumping 2"x1 1/4"x16'x18'x21'</td><td>Producing</td></tr><tr><td>DATE OF TEST</td><td>HOURS TESTED</td><td>CHOKE SIZE</td><td>PROD FOR</td><td>OIL -BBL.</td><td>GAS-MCF.</td><td>WATER-BBL.</td><td>GAS-OIL R/P</td></tr><tr><td>5-22-86</td><td>24</td><td>-</td><td>TEST PERIOD</td><td>28</td><td>-</td><td>48</td><td>-</td></tr><tr><td>FLOW TBG PRESSURE</td><td>CASING PRESSURE</td><td>CALCULATED</td><td>OIL-BBL.</td><td>GAS-MCF.</td><td>WATER-BBL.</td><td>OIL GRAVITY-API (CON)</td><td></td></tr><tr><td>-</td><td>-</td><td>24-HOUR RATE</td><td>28</td><td>-</td><td>48</td><td>42</td><td></td></tr></tbody></table>										DATE FIRST PROD	PROD METHOD (Flwg, gas lift, pumping - size & type of pump)	WELL STATUS (Prod or SI)	2-1-86	Pumping 2"x1 1/4"x16'x18'x21'	Producing	DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD FOR	OIL -BBL.	GAS-MCF.	WATER-BBL.	GAS-OIL R/P	5-22-86	24	-	TEST PERIOD	28	-	48	-	FLOW TBG PRESSURE	CASING PRESSURE	CALCULATED	OIL-BBL.	GAS-MCF.	WATER-BBL.	OIL GRAVITY-API (CON)		-	-	24-HOUR RATE	28	-	48	42	
DATE FIRST PROD	PROD METHOD (Flwg, gas lift, pumping - size & type of pump)	WELL STATUS (Prod or SI)																																													
2-1-86	Pumping 2"x1 1/4"x16'x18'x21'	Producing																																													
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD FOR	OIL -BBL.	GAS-MCF.	WATER-BBL.	GAS-OIL R/P																																								
5-22-86	24	-	TEST PERIOD	28	-	48	-																																								
FLOW TBG PRESSURE	CASING PRESSURE	CALCULATED	OIL-BBL.	GAS-MCF.	WATER-BBL.	OIL GRAVITY-API (CON)																																									
-	-	24-HOUR RATE	28	-	48	42																																									
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Morrow - Sold; Bone Springs - Used for fuel																																															
35. LIST OF ATTACHMENTS None																																															
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.																																															
SIGNED <i>[Signature]</i> TITLE <i>Drilling & Production Manager</i> DATE <i>May 23, 1986</i>																																															

* (See Instructions and Spaces for Additional Data on Reverse Side)

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES N. M. SUBMIT IN TRIPLICATE *
DEPARTMENT OF THE INTERIOR (Other instructions on re-
BUREAU OF LAND MANAGEMENT (Reverse side)
NEW MEXICO 88240

Budget Bureau No. 1004-01
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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-06570
1. OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
2. NAME OF OPERATOR Read & Stevens, Inc.		7. UNIT AGREEMENT NAME -
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201		8. FARM OR LEASE NAME Laurie "D" Federal
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. * See also space 17 below.) At surface 660' FNL & 990' FEL		9. WELL NO. 1
14. PERMIT NO. -		10. FIELD AND POOL, OR WILDCAT Lea Penn
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642' GL		11. SEC, T, R, M, OR BLK & SURVEY OR AREA Sec. 15-T20S-R34E
16. Check Appropriate Box To Indicate Nature of Notice, Report, Other Data NOTICE OF INTENTION TO:		12. COUNTY OR PARISH Lea
13. STATE NM		
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.) *		

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) Notice of First Production <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

The pipeline has been completed connecting the Laurie "D" Federal #1 to the Llano, Inc. pipeline.
The well was placed on production May 21, 1986.

I hereby certify that the foregoing is true and correct

SIGNED Bruce Stoller TITLE Drilling & Production Manager DATE May 23, 1986

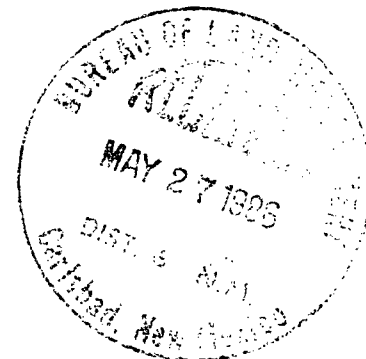
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

GWD
JUN 4 1986

CARLSBAD, NEW MEXICO



NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

Operator: Read & Stevens, Inc.
 Address: Post Office Box 1518, Roswell, New Mexico 88202

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well ☒ Change In Transporter Of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Laurie "D" Federal	Well No. 1	Pool Name, Including Formation Designated <i>Undesignated</i>	Kind of Lease Federal	Lease No. NM-06570
Location Unit Letter <u>A</u> ; <u>660'</u> Feet From The <u>North</u> Line and <u>990'</u> Feet From The <u>East</u> Line Of Section <u>15</u> Township <u>14 N</u> Range <u>34E</u> NMPM, Lea County				

II. DESCRIPTION OF TRANSPORTER

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, TX 79711-0196
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks	Unit Sec. Line Rge. Is gas actually connected? When A 12 20S 34E No April 1, 1986

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA


Designate Type of Completion-(X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 9-14-85	Date Compl. Ready to Prod 1-27-86	Total Depth 13,821'		P.B.T.D. 12,426'				
Elevations (DF, RKB, RT, GR, etc) 3642' GL	Name of Prod. Formation Penn	Top Oil/Gas Pay 13,008'		Tubing Depth 13,936'				
Perforations 13,008'-13,018'; 13,036'-13,038'; 13,044'-13,078'				Depth Casing Shoe 13,821'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		520'		500ex HLW & 200ex Class "C"			
17 1/2"	13 3/8"		3,200'		500ex HLW & 300ex Class "C"			
12 1/4"	9 5/8"		5,209'		225ex HLC & 300ex Class "H"			
7"	8 1/2"		13,821'		1175ex Class "H" & 325ex HLWC			
-	2 3/8"		12,936'		None			

IV. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D CAOF 1865	Length of Test 4hrs	Bbls. Condensate/MMCF 6	Gravity of Condensate 53
Testing Method (pitot, back pr 4-Point)	Tubing Pressure (Shut-In) 1772	Casing Pressure (Shut-In)	Choke Size 11/64"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


 (Signature)

Drilling & Production Manager
 (Title)

February 24, 1986
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 3 1986, 19
 BY [Signature]
 TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with Rule 1104.
 If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with Rule 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III & IV for changes of owner, well name or number, transporter or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiple.

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section

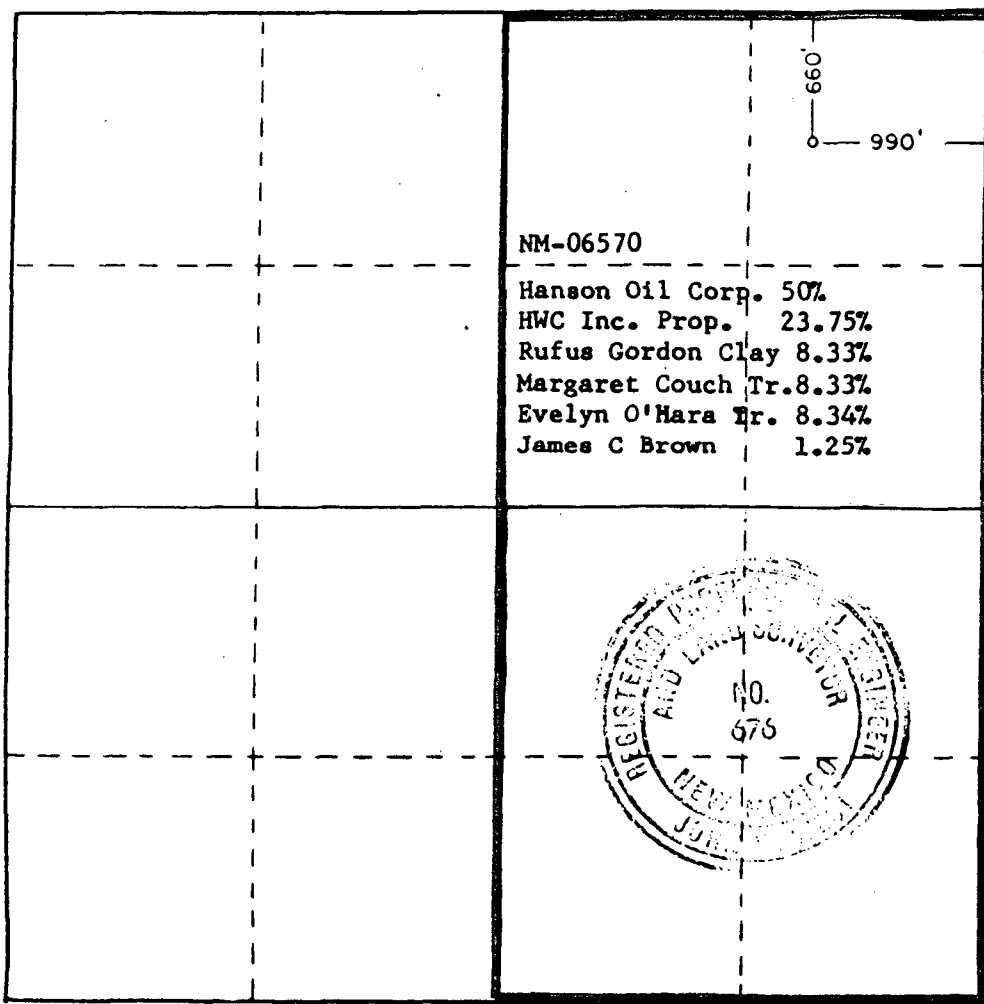
Operator READ & STEVENS, INC.		Lease Laurie "D" FED.		Well No. 1
Unit Letter A	Section 15	Township 20S	Range 34E	County LEA
Actual Footage Location of Well: <div style="display: flex; justify-content: space-between;"> 660 feet from the NORTH line and 990 feet from the EAST line </div>				
Ground Level Elev. 3642.0	Producing Formation Morrow	Pool See Penn. Undesignated	Dedicated Acreage: 320 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



NM-06570

Hanson Oil Corp. 50%
HWC Inc. Prop. 23.75%
Rufus Gordon Clay 8.33%
Margaret Couch Tr. 8.33%
Evelyn O'Hara Tr. 8.34%
James C Brown 1.25%

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

George R. Smith

Name
George R. Smith

Position
Agent for:

Company
Read & Stevens, Inc.

Date
June 21, 1985

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
5/30/85

Registered Professional Engineer
and/or Land Surveyor

John W. West
Certificate No. **JOHN W. WEST, 676**
RONALD J. EIDSON, 3239

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-06570
1. OIL GAS WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
2. NAME OF OPERATOR Read & Stevens, Inc.		7. UNIT AGREEMENT NAME -
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201		8. FARM OR LEASE NAME Laurie "D" Federal
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. * See also space 17 below.) At surface 660' FNL & 990' FEL		9. WELL NO. 1
14. PERMIT NO. -		10. FIELD AND POOL, OR WILDCAT Lea-Penn <i>Under Morrow</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642' GL		11. SEC, T, R, M, OR BLK & SURVEY OR AREA Sec. 15-T20S-R34E
		12. COUNTY OR PARISH Lea
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	(Other) Swab & BHP Build-up <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.) *

4-8-86 RUCU, TO w/rds, pmp & tbq, 1d tbq w/5bbbs Brn, annulus w/25bbbs Brn, TIH w/RTTS & RBP, RBP @ 9937', RTTS @ 9757', 330jts, SN @ 9752', SI 12hrs, TP 590psi, CP 390psi. Prep to swb. 16 BO, 7 BW, 135 MCF.

4-9-86 Swbd 3 1/2 hrs, FL @ 7400', swbd to SN, rec'd 25 BLW, 5 BO, RU Keltic Serv, ran RHP bombs, SI @ 11:09am, @ 6:00am 4-9-86 SITP 770psi, set bombs @ 9850'.

4-16-86 Pild BHP bombs, opnd up to bld dwn, TP 1367psi, CP 1250psi, flwd 3 1/2 hrs, swbd 2 1/2 hrs, left opn overnite, @ 6:00am 4-16-86 rec'd ttl 26 BLW, 25 BO, TP Opsi, CP 700psi, FL @ 7200', GC flu.

4-17-86 CP 700psi, TP Opsi, FL @ 7200', scdrd flu, made 2 runs, KO, flwd 30 mins, 150-Opsi, swbd & flwd 4hrs, rec'd 13 BO, 6 BW, swbg fr SN, drop stdg vlv, 1d tbq w/54 bbbs 2% KCL wtr, tstd tbq @ 1200psi for 30mins, bld dwn, fsh stdg vlv, rls pkr, GIH, catch BP @ 9937', POH w/RTTS & RBP, TIH.

4-18-86 TP 500psi, 1d w/30bbbs Brine, TI w/tbg, ran 329jts 2 7/8"-6.5#/' EUE tbq, 9709.13', set R-4 pkr @ 9727.13', ran 5jts tail pipe, 152.36', SN @ 9883.07', 4' perf sub @ 9888', 1jt mud anchor w/BP @ 9918.47', ran 212jts 3/4" rds, 122jts 7/8" rds, 59jts 1" rds, 6'84' 1" sub, 22' polish rd, 2"x1 1/2"x16"x18"x21' pmp, 157" stroke, strtd pmpg @ 1:30pm, @ 6:00am 4-18-86 pmpd up, rec'd 17 BLW, GG. Pmpg perf 9836'-9871'.

I hereby certify that the foregoing is true and correct

SIGNED

[Signature]

TITLE Drilling & Production Manager

DATE April 18, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, FILE IN FOR RECORD

APR 22 1986

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 1000
CARRISBRO, NEW MEXICO 88240
SUBMIT IN TRIPLICATE *
(Other instructions on reverse side)

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

SUNDY 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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-06570
1. OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
2. NAME OF OPERATOR Read & Stevens, Inc.		7. UNIT AGREEMENT NAME -
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201		8. FARM OR LEASE NAME Laurie "D" Federal
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. * See also space 17 below.) At surface 660' FNL & 990' FEL		9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT Lea-Penn Undersig. Mess.		11. SEC, T, R, M, OR BLK & SURVEY OR AREA Sec. 15-T20S-R34E
14. PERMIT NO. -	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642' GL	12. COUNTY OR PARISH Lea
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, Other Data		SUBSEQUENT REPORT OF:	
NOTICE OF INTENTION TO:			
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) Completion of pipeline <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.) *

The pipeline to connect the Laurie "D" Federal #1 to Llano, Inc. pipeline has been completed. The right-of-way number for the pipeline is NM-63249.

I hereby certify that the foregoing is true and correct

SIGNED B. J. Hobbs TITLE Drilling & Production Manager DATE April 8, 1986

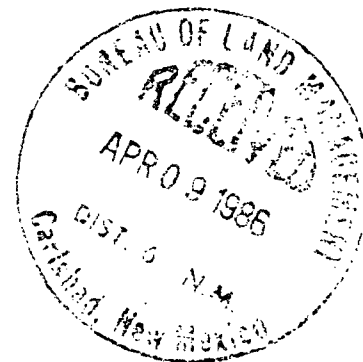
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

GWD
APR 10 1986

CARRISBRO, NEW MEXICO



Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 88240

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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-06570
1. OIL GAS WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
2. NAME OF OPERATOR Read & Stevens, Inc.		7. UNIT AGREEMENT NAME -
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201		8. FARM OR LEASE NAME Laurie "D" Federal
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. * See also space 17 below.) At surface 660' FNL & 990' FEL		9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT Lea Penn Under Mason		11. SEC, T, R, M, OR BLK & SURVEY OR AREA Sec. 15-T20S-R34E
14. PERMIT NO. -	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642' GL	12. COUNTY OR PARISH Lea
		13. STATE NM

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

NOTICE OF INTENTION TO:		SURSEQUENT 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) Install pumping equipment <input checked="" type="checkbox"/>	
(Other) _____		(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.) *

- 3-18-86 P11d BHP bombs, opnd up on 25/64" chk @ 11:00am, TP 1700psi, oil to surf in 15mins, left flwg overnite, @ 6:00am 3-18-86 flwg on 25/64" chk @ 50psi, rec'd 40 RO, 41 RW. Prep to install prmpg equip.
- 3-19-86 Ld tbq w/37 BRLS 2% KCL wtr, unseat pkr @ 8854', LD 290jts 2 3/8" N-80 tbq, PU hull plug, 1jt as mud anchor 31', perf sub 4', SN 1', 18jts 2 7/8" N-80 533.89', 1.50' tbq anchor 2 7/8"x7", 309jts 2 7/8" N-80 tbq 9114.02', tt1 9685.41', 16' KB, tbq @ 9701.41', SN @ 9665.41', tbq anchor @ 9130.02', SION, PRTD 10,030', Bone Springs perfs 9315'-9871'.
- 3-20-86 PU RHBM prmp #T5-676 2 1/2"x1 1/2"x16'x18'x21', chrome barrel, spray metal plunger, 157" stroke, ran 204jts 3/4" rds, 122jts 7/8" rds, 58jts 1" rds, 22' polish rd, strtd prmpg @ 5:00pm, @ 6:00am eng died.

I hereby certify that the foregoing is true and correct

SIGNED B. J. Hubbs TITLE Drilling & Production Manager DATE March 20, 1986

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SWD

MAR 25 1986

CAPISBAD, NEW MEXICO



NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

MAR 22 1986

Operator: Read & Stevens, Inc.	
Address: Post Office Box 1518, Roswell, New Mexico 88202	
Reason(s) for filing (Check proper box)	Other (Please explain)
Recompletion <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Change in Transporter Of: Oil <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input checked="" type="checkbox"/>	Testing allowable for 1550 RQ (50 ROPN) for the month of March 1986; 9470'-9612'; Bone Springs
If change of ownership give name and address of previous owner	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Laurie "D" Federal	Well No. 1	Pool Name, Including Formation Lea Penn	Kind of Lease Federal	Lease No. NM-06570
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Of Section <u>15</u> Township <u>20S</u> Range <u>34E</u> , <u>NPM</u> , Lea County				

II. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco Trading & Transportation, Inc.	P.O. Box 6196, Midland, TX 79711-0196
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Llano, Inc.	P.O. Box 1320, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA

Designate Type of Completion-(X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
Date Spudded	Date Compl. Ready to Prod	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc)	Name of Prod. Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

IV. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks:	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-in)	Choke Size


CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Drilling & Production Manager
(Title)

March 19, 1986
(Date)

OIL CONSERVATION COMMISSION
APPROVED **MAR 21 1986**, 19
BY 
TITLE **DISTRICT 1 SUPERVISOR**

This form is to be filed in compliance with Rule 1104.
If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with Rule 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III & IV for changes of owner, well name or number, transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator: Read & Stevens, Inc.	
Address: Post Office Box 1518, Roswell, New Mexico 88202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> Change in Transporter Of: <input type="checkbox"/>	Testing allowable for 1400 BO (50 BOPD) for the month of February 1986; 9470'-9612'; Bone Springs
Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Laurie "D" Federal	Well No. 1	Pool Name, Including Formation Lee Penn	Kind of Lease Federal	Lease No. NM-06570
Location				
Unit Letter A	660	Feet From The North	Line and 990	Feet From The East
Line Of Section 15	Township 20S	Range 34E	NMPM	Lea County

II. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<i>Texaco Petroleum Trading & Transp.</i>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<i>Llano Inc</i>	
If well produces oil or liquids, give location of tanks	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA

Designate Type of Completion-(X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
Date Spudded	Date Compl. Ready to Prod	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc)	Name of Prod. Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				

IV. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

B. [Signature]
(Signature)

Drilling & Production Manager
(Title)

February 24, 1986

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 3 - 1986**, 19
BY *[Signature]*
TITLE **DISTRICT 1 SUPERVISOR**

This form is to be filed in compliance with Rule 1104.
If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with Rule 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III & IV for changes of owner, well name or number, transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple.

N. M. OIL CONS. COMMISSION

P. O. BOX 1870

HOBBS, NEW MEXICO 88240

UNITED STATES

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
BUREAU OF LAND MANAGEMENT

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

Form 3160-5
(November 1983)
(Formerly 9-331)

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p>(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.)</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. NM-06570</p>
<p>1. OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER</p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME -</p>
<p>2. NAME OF OPERATOR Read & Stevens, Inc.</p>		<p>7. UNIT AGREEMENT NAME -</p>
<p>3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201</p>		<p>8. FARM OR LEASE NAME Laurie "D" Federal</p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. * See also space 17 below.) At surface 660' FNL & 990' FEL</p>		<p>9. WELL NO. 1</p>
<p>10. FIELD AND POOL, OR WILDCAT - Lea Penn Underg Marrow</p>		<p>11. SEC, T, R, M, OR PLK & SURVEY OR AREA Sec. 15-T20S-R34E</p>
<p>14. PERMIT NO. -</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642' GL</p>	<p>12. COUNTY OR PARISH Lea</p>
		<p>13. STATE NM</p>

16. Check Appropriate Box To Indicate Nature of Notice, Report, 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) Water Analysis <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.) *

Water Analysis 3-12-86	Res .062 @ 60°F	SG 1.110 @ 60°F
	Ph 5.0	Ca 25,000+
	Mg 15,000+	Cl 95,000+
	SO ₄ Mod	HCO ₃ Nil
	Fe Nil	Oil Grav 38.4 @ 60°F

I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Drilling & Production Manager DATE March 14, 1986

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

[Signature]
MAR 17 1986

CARLSBAD, NEW MEXICO



5. LEASE DESIGNATION AND SERIAL NO. NM-06570	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
7. UNIT AGREEMENT NAME -	
8. FARM OR LEASE NAME Laurie "D" Federal	
9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Lea Penn	
11. SEC, T, R, M, OR BLK & SURVEY OR AREA Sec. 15-T20S-R34E	
1. OIL GAS WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	12. COUNTY OR PARISH Lea
2. NAME OF OPERATOR Read & Stevens, Inc.	13. STATE NM
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 660' FNL & 990' FEL	
14. PERMIT NO. -	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642' GL

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Acidize	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON *	<input type="checkbox"/>	ABANDONMENT *	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

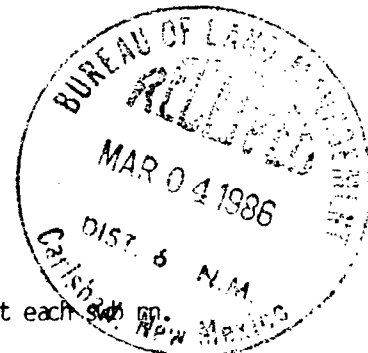
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

3-1-86 Flwg 7:00am-3:30pm, 8 1/2 hrs, 25/64" chk, 100-130psi, rec'd 16 B0, 8 BLW, RU Halliburton, acdz w/6000 gals 20% NEFE acid w/4650# rock salt & Benzoic acid flakes, max press 6000psi, avg press 4500psi, avg rate 4 BPM, max rate 6 BPM, ISIP 2300psi, 5min 2230psi, 10min 2200psi, 15min 2100psi, flwd back 20 BBLs, died @ 9:30pm, 260 BLTR. Ran job as follows:

Acid	Block	Salt	Benzoic
1000gals	750	500	250
1000gals	750	500	250
1000gals	850	600	250
1000gals	950	700	250
1000gals	1350	1100	250

3-2-86 Plld tbg & pkr, tst thg back in hole, set pkr @ 9200'.

3-3-86 TP 100psi, gas @ surf, FL @ 2400', swbd & flwd, 130 BLW, 1 B0, GG aft each swd



I hereby certify that the foregoing is true and correct

SIGNED [Signature]

TITLE Drilling & Production Manager

DATE March 3, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

[Signature]
MAR 6 1986

CARLSBAD, NEW MEXICO

5. LEASE DESIGNATION AND SERIAL NO. NM-06570	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
7. UNIT AGREEMENT NAME -	
8. FARM OR LEASE NAME Laurie "D" Federal	
9. WELL NO. 1	
10. FIELD AND POOL, OR WILLCAT Lea Penn	
11. SEC, T, R, M, OR BLK & SURVEY OR AREA Sec. 15-T20S-R34E	
12. COUNTY OR PARISH Lea	13. STATE NM
14. PERMIT NO. -	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642' GL	

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

NOTICE OF INTENTION TO:		SURSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Temperature Survey & Fluid Analysis	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON *	<input type="checkbox"/>	ABANDONMENT *	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.) *

2-28-86 Flwg on 25/64" chk @ 100psi, in 24hrs prod 44 BO, 24 BLW, 50-60% OC, gas est @ 125 MCFD, ran Temp Sur, sur indic BP is holding, all fl is coming from perfs 9315'-9342'.

Fluid Analysis:

Res	.060 @ 70°F		
SG	1.125	Cl	112,500
Ph	5.7	SO ₄	hvy
Ca	17,500	HCO ₃	nil
Mg	7890	Fe	hvy

Fl is 1d fl from mid set of perfs indic comm bet mid & upr perfs.

I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Drilling & Production Manager DATE March 3, 1986

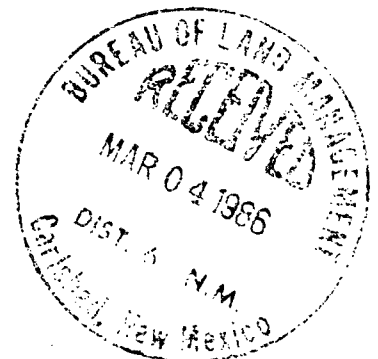
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

MAR 6 1986

CARISPAD, NEW MEXICO



5. LEASE DESIGNATION AND SERIAL NO. NM-06570	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
7. UNIT AGREEMENT NAME -	
8. FARM OR LEASE NAME Laurie "D" Federal	
9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Lea Penn	
11. SEC, T, R, M, OR BLK & SURVEY OR AREA Sec. 15-T20S-R34E	
12. COUNTY OR PARISH Lea	13. STATE NM

14. PERMIT NO. -

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3642' GL

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 type="checkbox"/>

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) Perforate	<input type="checkbox"/>		<input checked="" 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.) *

2-26-86 TP 130psi, hld dwn, 1d tbq & csg w/50 BBLS, rls pkr, TOH, 11jts tbq shwd acid pitting, stood back. Perf 9315'-9342', 27', 28 holes, 1 shot/' , .45" diam, PU RTTS & RBP, TIH, set RBP @ 9405', set RTTS @ 9360', tst plug @ 3500psi, tstd ok, TIH, circ hole, PU to 9232', set RTTS, circ w/370 BBLS, spot 25sx sd on RBP. SDON.

2-27-86 7 runs, swbd 40 BBLS 1d, KO, strtd flwg, flwd from 11:00am-5:00pm, rec'd 14 BO, 20 RW, 3/4" chk, TP 10-30psi, gas rate approx 125-150 MCFD, put on 25/64" chk, left flwg overnite, 5:00pm-6:30am rec'd 32 BO, 25 RW, 60% OC, flwg 30-100psi, 100-125 MCFG, rec'd a ttl of 46 BO, 95 RW in 19 1/2 hrs, 7.2 BBLS/hr, ttl fl 2.35 BO/hr.

I hereby certify that the foregoing is true and correct

SIGNED B. J. Stubb TITLE Drilling & Production Manager DATE March 3, 1986

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

GWR

MAR 6 1986

CARLSBAD, NEW MEXICO



Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL & GAS COMMISSION

SUBMIT IN TRIPLICATE *
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
NM-06570

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 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
660' FNL & 990' FEL

14. PERMIT NO.

-

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

3642' GL

7. UNIT AGREEMENT NAME

-

8. FARM OR LEASE NAME
Laurie "D" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT
Lea Penn

11. SEC, T, R, M, OR BLK & SURVEY OR AREA
Sec. 15-T20S-R34E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

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

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON *
CHANGE PLANS

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

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) RHP Test & Acidize

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

REPAIRING WELL
ALTERING CASING
ABANDONMENT *

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" 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.) *

2-15-86 SI for 72hr build-up.

2-16-86 SI RHP build-up.

2-17-86 SI RHP build-up.

2-18-86 Plld BHP bombs, opnd up to flw @ 11:00am, SITP 1483psi, flwg on 3/4" chk @ 50psi, 6hrs made 35 BO, 22 BW, left opn overnite, 72hr build-up press 3587.1psi, P* 3755psi, @ 6:00am 2-18-86 flwg @ 110psi on 22/64" chk, 7 RBLS/hr ttl fl, 50/50 ORW, rec'd ttl 99 RBLS, GG, 200 MCFD.

2-19-86 Flwg @ 100psi, 5-7 RBLS fl/hr, rec'd 131 RBLS 50/50 ORW, SI @ noon, plld thg & RTTS.

2-20-86 Acidz w/16,000gals 20% NEFE acid & 18,000gals glld wtr in 4 stages, max press 3550psi, avg press 3150psi, avg rate 36 RPM, ISIP 2700psi, 5min 2440psi, 10min 2400psi, 15min 2370psi, 1d 380 RBLS acid, 428 RBLS glld wtr, ttl 1188 RLW, flwd bck 250 RBLS, TIH w/thg & pkr, made 1 swb run, strtd flwg, flwd until 6:00pm, died, SI, rec'd 350 RBLS.

I hereby certify that the foregoing is true and correct

SIGNED

D. Stibbe

TITLE Drilling & Production Manager

DATE

February 20, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

Handwritten signature
FEB 24 1986

CAPISBAD, NEW MEXICO

5. LEASE DESIGNATION AND SERIAL NO.
NM-06570

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 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
660' FNL & 990' FEL

14. PERMIT NO.

-

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

3642' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Laurie "D" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT
Lea Penn

11. SEC, T, R, M, OR BLK & SURVEY OR AREA
Sec. 15-T20S-R34E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON * ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Acidize, swab ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT * ☐

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.) *

2-12-86 SITP 2100psi, hkd up to chk, flr to pt, flwd 7:30am-11:00am, 380psi-100psi, 20/64"chk, 225 MCF, unld 13 BW, 4 BNO, swbd Noon-5:30pm, rec'd ttl 8 BO, 24 RLW, 40 BFW, GG, approx 200 MCF, swbd 6 1/2 hrs, flwd 4 hrs. SION. SI 13 1/2 hrs, TP @ 6:00am 2-12-86 2000psi.

2-13-86 SI 13 1/2 hrs, TP 2000psi, blw dwn 2 1/2 hrs, swb 4 1/2 hrs, rec'd ttl 20 BO, 20 BW, 60 RW ovrl. RI & acdz perfs: 9470'-9476', 6'; 9490'-9508', 18'; 9604'-9612', 8'. Acdz w/3,000gals 15% NFFE acid w/53 ballsealers, avg press 5185psi, max press 5600psi, avg rate 4.6 RPM, gd ball action, gd brks, ISIP 2000psi, 5min 1600 psi, 10min 1150psi, 15min 850psi, ttl 1d 116 RBLS, press bld dwn, swab 3 1/2 hrs, 47 BLW, 69 BLWTR.

2-14-86 SITP 1450psi, SI 13 1/2 hrs, flwd 7:00am-11:30am, 4 1/2 hrs, 10-20#, rec'd 41 BO, 44 RLW, swb 6 hrs, rec'd 15 BO, 31 BLW, ttl 56 BO, 69 BLW, +6 BFW, FL @ 6400', swbg from 8400', bringing 2000' varied GCO&W (fmy), flwd 15-20mins after each swb run, dry gas, 100#, fell off, will blw dwn, swb, run bombs for 72hr build-up. @ 7:30am 2-14-86 SI 13 1/2 hrs, TP 1500psi, flwg to tnks, unldg, gained 50psi.

I hereby certify that the foregoing is true and correct

SIGNED B. J. Stephens

TITLE Drilling & Production Manager

DATE February 17, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

GWO
FEB 19 1986

CARLSBAD, NEW MEXICO

SUNDY 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-06570
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 -
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. * See also space 17 below.) At surface 660' FNL & 990' FEL	8. FARM OR LEASE NAME Laurie "D" Federal
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Underlay Lea Penn
	11. SEC., T., R., M., OR BLK & SURVEY OR AREA Sec. 15-T20S-R34E
14. PERMIT NO. -	12. COUNTY OR PARISH Lea
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642' GL	13. STATE NM

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	(Other) Acidize, swab and perforate <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
PULL OR ALTER CASING <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
ABANDON * <input type="checkbox"/>	ABANDONMENT * <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	

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.) *

2-5-86 Acdz 9836'-9847' & 9855'-9871' w/16000gals 20% NE-FE acid, 18000gals gld pad, 16000gals flush, max press 3980psi, avg press 3665psi, avg rate 31 BPM, max rate 32 BPM, ISIP 2500psi, 5min 2450psi, 10min 2420 psi, 15min 2390psi, flwd well to tank for 2hrs, TIH w/RTTS, pkr & 307 jts 2 3/8" tbg, pkr set @ 9776', SN @ 9771', swbd 2 1/2hrs, rec'd 262 BLW, 849 BLTR, FL @ 3500'. SION.

2-6-86 TP 500psi, FL @ surf, swb, 2nd run SO, OC incrsng thru out day, last run FL @ 8400', swbg from SN, 20-50% OC, rec'd 8 BO, 75 BLW, left open overnight, @ 7:00am 2-6-86 no blow, FL @ 4500', 1st run plld 1500' fluid, 100-30% OC.

2-7-86 FL @ 4500', Opsi, swbd dwn to SN, FL @ 8400', fluid entry approx 100' GCF/hr, rec'd 18 BO, 27 BLW, 747 BLWTR.

2-8-86 TP Opsi, opn to tnks 13 1/2hrs, swb 1 1/2hrs, rec'd 5 RNO, 5 RLW, 742 BLTR, FL @ 4500', swbd to 8400', 1d tbg, rls pkr, pull tbg & pkr.
Perf: 9470'-9476', 6', 7 holes, .45"
9490'-8508', 18', 19 holes, .45"
9604'-9612', 8', 9 holes, .45"
32', 35 holes
Ran RTTS & RBP, TIH W/40 stds. SDON.

2-9-86 TIH w/RTTS & RBP, ran 307jts 2 3/8" tbg, set RBP @ 9771', test @ 200psi, spot 2sx snd, pull RTTS 5stds., set @ 9390', 295jts tbg in hole, tst annulus to 750psi, swb 1hr, rec'd 20 BRLS, FL @ 2500'. SDON.

ACCEPTED FOR RECORD
GWQ
FEB 11 1986

I hereby certify that the foregoing is true and correct
SIGNED *B. A. Stull* TITLE Drilling & Production Manager DATE February 10, 1986

APPROVED BY OF State office use TITLE _____ DATE _____

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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-06570
1. OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
2. NAME OF OPERATOR Read & Stevens, Inc.		7. UNIT AGREEMENT NAME -
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201		8. FARM OR LEASE NAME Laurie "D" Federal
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. * See also space 17 below.) At surface 660'FNL & 990'FEL		9. WELL NO. 1
14. PERMIT NO. -		10. FIELD AND POOL, OR WILDCAT <u>Undesignated</u> <u>Lea Penn</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642' GL		11. SEC, T, R, M, OR BLK & SURVEY OR AREA Sec. 15-T20S-R34E
		12. COUNTY OR PARISH Lea
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, 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) Water Analysis <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.) *

2-3-86 TP 300psi.
Water Analysis:
Res .063 @ 70°F
SG 1.095 C1 85,000
Ph 5.5 SO₄ Mod
Ca 4750 HCO₃ 120
Mg 1410 Fe Mod acid wtr

I hereby certify that the foregoing is true and correct

SIGNED B. J. Stubble TITLE Drilling & Production Manager DATE February 3, 1986

(This space for Federal or State office use)

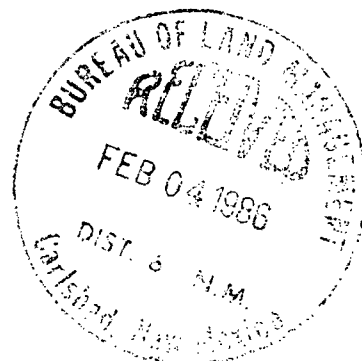
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

FEB 5 1986

CARLSBAD, NEW MEXICO



Form 3160-5
(November 1983)
(Formerly 9-331)UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 160
SUBMIT IN TRIPLICATE *
(Other instructions on reverse side)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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-06570	
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
2. NAME OF OPERATOR Read & Stevens, Inc.		7. UNIT AGREEMENT NAME -	
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201		8. FARM OR LEASE NAME Laurie "D" Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. * See also space 17 below.) At surface 660'FNL & 990'FEL		9. WELL NO. 1	
14. PERMIT NO. -		10. FIELD AND POOL, OR WILDCAT Undesignated Lee Penn	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642' GL		11. SEC, T, R, M, OR BLK & SURVEY OR AREA Sec. 15-T20S-R34E	
		12. COUNTY OR PARISH Lea	13. STATE NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, Other Data NOTICE OF INTENTION TO:			
TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON * <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	SUBSEQUENT REPORT OF:	
		WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) CAOF, run tbq, perforate & swab <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT * <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.) *

1-28-86 CAOF 1865 MCFD. TP 100psi, bld off, 1d tbq w/5 BBLS wtr, pull off on/off t1, TOH, LD 93jts, 10' sub, 2' sub, std back 323jts, PU 7" RTTS & RBP, ran 161jts. SDON.

1-29-86 TIH w/RTTS & RBP, ran 323jts 2 3/8" tbq, set BP @ 10,030', set RTTS, tst @ 2000psi, pull 2jts, circ 2sx sd, POH w/tbq, LD. Prep to perf. SDON.

1-30-86 Perf 9836'-9847', 11', 2 shts/1', 22 shts, .45" diam, 14.7 in pen, 9855'-9871', 16', 2 shts/1', 32 shts, .45" diam, 14.7 in pen, ttl 54 holes. Ran RTTS, SN & 307jts 2 3/8" tbq, set RTTS @ 9776', swb dwn to 6000', SION. @ 6:00am 1-30-86 TP 120psi, FL @ 5900', GSG, 2' flare, ali SO on 1st swb run.

1-31-86 Swbd to SN, 100' fluid entry/hr, GSG, 2'-3' flare, acdz w/2000gals 15% NE acd w/70 ballsealers, fm brk @ 2400psi, max 4200psi, min 3500psi, avg 3775psi, avg rate 3 BPM, gd ball action, ISIP 2200psi, 5min 2150psi, 10min 2100psi, 15min 2100psi, 1d 48 BBLS acd, 35.8 BBLS, ttl 1d 83.8 BLTR, swbd 35 BBLS, FL @ 5100', NS, SION.

I hereby certify that the foregoing is true and correct

SIGNED B. J. Stephens TITLE Drilling & Production Manager DATE February 3, 1986

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

Law
FEB 5 1986

CARLSBAD, NEW MEXICO

NM-06570

Laurie "D" Federal

1

Lea Penn

Sec. 15-20S-34E

Lea

NM

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ OTHER ☐

b. TYPE OF COMPLETION:

NEW WORK DEEP- PLUG DIFF. RESVR. OTHER
WELL ☒ OVER ☐ EN ☐ BACK ☐ RESVR. ☐ OTHER ☐

2. NAME OF OPERATOR

Read & Stevens

3. ADDRESS OF OPERATOR

P.O. Box 1518, Roswell, NM 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 660' FNL & 990' FEL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH

Lea

13. STATE

NM

15. SPUD DATE

9-14-85

16. DATE TO REACHED

12-2-85

17. COMP DATE (Ready to prod)

1-27-86

18. ELEV (DF, RKB, RT, GR, ETC.)*

3642' GL

19. ELEV CSGHEAD

20. TD, MD & TVD

13,821'

21. PBD, MD & TVD

13,426'

22. IF MULT COMP, HOW MANY?*

-

23. INTERVALS ROTARY TOOLS CABLE TOOLS

DRILLED BY 0'-13,821'

24. PRODUCING INTERVAL(S) OF THIS COMPLETION- TOP, BOTTOM, NAME (MD AND TVD)*

13,008'-13,018'; 13,036'-13,038'; 13,044'-13,078' - Pennsylvanian

25. WAS DIRECTIONAL SURVEY MADE?

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

FDC, CNL, MLL, DLL, Caliper and Gamma Ray

27. WAS WELL CORED

Yes

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
20"	94#	520'	26"	500sx HLW & 200sx Class "C"	None
13 3/8"	68#, 61#, 54.5#	3200'	17 1/2"	500sx HLW & 300sx Class "C"	Circ 50sx
9 5/8"	43.5#	5209'	12 1/4"	225sx HLC & 300sx Class "H"	None
7"	26#, 29#	13821'	8 1/2"	1175sx Class "H" & 325sx HLWC	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	12,936'	12,936'

31. PERFORATION RECORD (Interval, size and number)

13,008'-13,018'; 13,036'-13,038'; 13,044'-13,078'
4 shots/'; total 166 shots

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
13,008'-13,018' &	Acid w/8000gals 7 1/2% NE-FE acid w/30%
13,036'-13,038' &	
13,044'-13,078'	

33.* PRODUCTION

DATE FIRST PROD 1-18-86	PROD METHOD (Flwg, gas lift, pumping - size & type of pump) Flowing				WELL STATUS (Prod or SI) SI		
DATE OF TEST 1-23-86	HOURS TESTED 4	CHOKE SIZE 11/64"	PROD FOR TEST PERIOD	OIL -BBL. 6	GAS-MCF. CAOF 1865	WATER-BBL 0	GAS-OIL RATIO 14.63
FLOW TBG PRESSURE 1772	CASING PRESSURE 0	CALCULATED 24-HOUR RATE	OIL-BBL. 36	GAS-MCF. CAOF 1865	WATER-BBL. 0	OIL GRAVITY-API (CORR) 53	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

SI WOGC

TEST WITNESSED BY

Daryl Lowder

35. LIST OF ATTACHMENTS

Deviation Survey, Logs, 4-Point Test

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED *B. A. Stoll*

TITLE Drilling & Production Manager

DATE January 27, 1986

FEB 3 1986

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

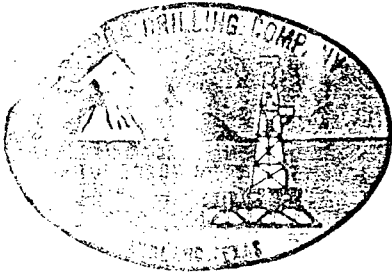
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS DEPTH	TRUE VERT DEPTH
Yates	3480'	3510'	Pay Zone - Oil	Tensil	1595'	1595'
	3608'	3630'	Pay Zone - Oil	Yates	3450'	3450'
	9316'	9342'	Pay Zone - Oil	Delaware MTV		
	9490'	9510'	Pay Zone - Oil	Group	5446'	5446'
Bone Springs	9602'	9612'	Pay Zone - Oil	Bone Springs	8296'	8296'
	9836'	9871'	Pay Zone - Oil	Hueco	10964'	10964'
	13008'	13020'	Pay Zone - Gas, Condensate	Strawn	12150'	12150'
	13036'	13084'	Pay Zone - Gas, Condensate	Morrow	12817'	12817'
Morrow Classics	7306'	7335'	Open Tool 30-60-120; 1st flow 64.6psi, 1st SI 2889.6psi; 2nd flow 279.6psi, 2nd SI 2889psi; Rec'd 60' slightly oil cut mud, 1430' FW.	Barnet Shale	13562'	13562'
	8980'	9026'	Open tool 30-60-125; 1st flow 23.4psi, 1st SI 22.6psi; 2nd flow 20.2psi, 2nd SI 38.5psi; Rec'd 8' of mud.	Miss Lime	13686'	13686'
DST #1						
DST #2						

U.S. GOVERNMENT PRINTING OFFICE: 1963-0-683636

871-233

837-497

FEB - 5 1986



Donald L. Wallace
President

SIERRA DRILLING COMPANY

P. O. Box 6267 ATS

Midland, Texas 79711

(915) 563-3477

December 7, 1985

Read & Stevens, Inc.
P.O. Box 1518
Roswell, New Mexico 88201

Re: Larie D Federal No. 1

Gentlemen:

The following is a Deviation Survey for the above referenced well located in Lea County, New Mexico.

290 - 1/4	3185 - 1 1/2
579 - 4 1/2	3240 - 3/4
602 - 4 1/4	3732 - 3/4
695 - 2 3/4	4416 - 1 3/4
791 - 2 1/2	4800 - 1
910 - 2	5188 - 3/4
	8246 - 1
1250 - 1/4	9245 - 1
1325 - 1/2	9575 - 1
1451 - 1/4	10604 - 3/4
1635 - 1/2	10980 - 1/4
1859 - 1/4	11470 - 1/2
2110 - 1/2	11940 - 3/4
2370 - 1/4	12220 - 1
2860 - 1	12744 - 1 3/4
2936 - 1	13800 - 2 1/4

Sincerely,

Garry L. Flynn
Garry L. Flynn
Drilling Superintendent

STATE OF TEXAS)
)
COUNTY OF MIDLAND)

The foregoing was acknowledged before me this 7th day of December, 1985

Milly C. Wilson
Milly C. Wilson
Notary Public

My commission expires 12/23/85.