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NM OIL CONS. COMMISSION  
Drawer DD  
Artesia, NM 88210

Form 9-331  
May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
BUDGET BUREAU No. 42-R1424

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-7814

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

OIL GAS  
WELL ☐ WELL ☐ OTHER Salt Water Disposal Well

RECEIVED BY

SEP 21 1983

O. C. D.  
ARTESIA OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. NAME OF OPERATOR

Read & Stevens, Inc.

10. ADDRESS OF OPERATOR

P.O. Box 1518, Roswell, NM 88201

11. LOCATION OF WELL (Report location clearly and in accordance with State requirements.\* See also space 17 below.)

At surface

1980' FEL & 660' FNL Sec. 21, T-6-S, R-27-E, N.M.P.M.

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Haystack Unit # 500

11. SEC. T., R., M., OR B.K. AND SURVEY OR AREA

Sec. 21-6S-27E, N.M.P.M.

12. PERMIT NO.

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13. ELEVATIONS (Show whether DP, RP, GR, etc.)

4073' GR, 4084' RKB

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

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"/>	FULL OR ALTER CASING	<input type="checkbox"/>
FRACURE 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"/>
FRACURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

7. 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.)\*

9-20-82 Re-acidize 6325'-6345' w/1000gal 28% HCL Acid, max pres 1200psi, avg pres 1000psi, ISIP 200psi, 5 min vac, avg rate 3 BPM, taking water at 15"-20" vac.

I hereby certify that the foregoing is true and correct

SIGNED B. Stobbs

TITLE Drilling & Production Manager

DATE 9-22-82

(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 20 1983

ROSWELL, NEW MEXICO