

m 9-331
ay 1963)

UNIT STATES SUBMIT IN TRIPLICATE*
DEPARTMENT OF THE INTERIOR (Other than Oil and Gas Division)
GEOLOGICAL SURVEY
NM OIL CONS. COM. DIVISION
Drawer DD
Artesia, NM 88210

Form approved.
BUDGET BUREAU No. 42-R1424

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-18970	
OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
NAME OF OPERATOR Read & Stevens, Inc. ✓		7. UNIT AGREEMENT NAME -	
ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201		8. FARM OR LEASE NAME West Haystack Federal	
LOCATION OF WELL (Report location clearly and in accordance with State requirements.* See also space 17 below.) At surface 860' FSL & 660' FWL		9. WELL NO. 2	
10. FIELD AND POOL, OR WILDCAT Wildcat Haystack, N.M.		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Section 20-T6S-R27E	
PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3907' GR	12. COUNTY OR PARISH Chaves	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

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"/>

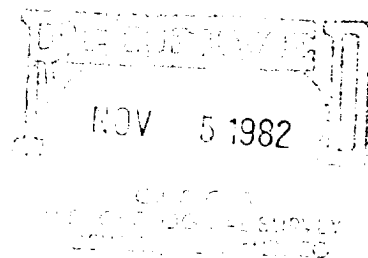
SUBSEQUENT REPORT OF:

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) Turned into pipeline	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

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

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.)*

11-5-82 Turned into pipeline @ 3:25pm 11-4-82, IP 1750psi, @ 5:45pm on 11/64" ch IP 1700psi, 1.1 MMCFGD.



hereby certify that the foregoing is true and correct

SIGNED B. Stobbs TITLE Drilling & Production Manager DATE November 5, 1982

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

