

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
GEOLOGICAL SURVEY

Form approved.  
BUDGET BUREAU No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.  
NM-18821

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
North Haystack Federal

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
Wildcat

11. SEC. T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 34-5S-26E

12. COUNTY OR PARISH  
Chaves

13. STATE  
New Mexico

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 WELL ☐ GAS 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 & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3943' GR

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)

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF  
FRACTURE TREATMENT  
SHOOTING OR ACIDIZING  
(Other) Spud, ran csg & cmt job.

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

REPAIRING WELL  
ALTERING CASING  
ABANDONMENT\*

|                                     |
|-------------------------------------|
| <input type="checkbox"/>            |
| <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.)\*

1-16-83 Set 32' 13 3/8", 58.4#/' csg, cmt w/5yds ready mix.

1-17-83 Spud 11" hole 1-16-83 @ 11:00am.

1-18-83 TD 11" hole @ 4:15 a.m. 1-18-83 1100'.

1-19-83 Ran 28jts, 1092', 8 5/8", 32# & 24# ST&C J-55, set @ 1100', Insert float @ 1058'. Cmt w/400sx HLC, tall-in w/200sx Class "C" w/1/4# flocele & 2% CaCl<sub>2</sub>. PD @ 10:15 am 1-18-83. Cmt circ 25sx. USMMS called no witness needed.

1-20-83 18hrs WOC. Test choke, BOP & csg @ 900psi, tested satisfactory.

RECEIVED

I hereby certify that the foregoing is true and correct

SIGNED *David R. Glass*

TITLE Drilling & Production Manager

JAN 26 1983

(This space for Federal Office Use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

CONDITIONS OF APPROVAL JAN 28 1983

TITLE

DATE

MINERALS MANAGEMENT SERVICE  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side

