	UNITED STATE DEPARTMENT OF THE BUREAU OF LAND MANA	INTERIC AGEMENT	AI CCCIO	Expires August  5. LEASE DESIGNATION  NM-18970  6. IF INDIAN, ALLOTTEE	AND SERIAL NO.
SUND (110 not use this for	RY NOTICES AND REP  m for proposals to drill or to deep  se "APPLICATION FOR PERMIT—	en or plug bac	to a different reservoir.	7. UNIT AGREEMENT NA	мв
OIL GAS WELL X			<u>DEC 23 199</u> O. C. D.	8. FARM OR LEASE NAM West Haysta	
Read & Stevens, Inc.  ARIESIA OFFICE  P.O. Box 1518, Roswell, NM 88202  1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface				9. WELL NO.  4  10. FIELD AND POOL, OR WILDCAT  Wildcat  11. SEC., T., E., M., OR BLK. AND BURNEY OR AREA	
1980° FNL & 2310° FEL  14. PERMIT NO.  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  3842,9 GL				Sec 30-T6S-R27E  12. COUNTY OR PARISH 13. STATE  Chaves NM	
Check Appropriate Box To Indicate Nature of Notice, Report, or Subsection of Intention to:				UENT REPORT OF:	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	MULTIPLE COMPLETE ABANDON* CHANGE PLANS		(Norr: Report results	ALTERING O ABANDONME TION C.S.g. Tof multiple completion letion Report and Log for	on Well
proposed work. 11 enent to this work.) •	TOMPLETED OPERATIONS (Clearly Statewell is directionally drilled, give suited in the second state of the second se	Run and o	details, and give pertinent dates one and measured and true vertice cmt 5 1/2" 15.5# J55	, including estimated da al depths for all market	to of starting and



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18. I hereby certify that the foregoing is true an	nd correct TITLE Petroleum Engineer	DATE 12/16/91
(This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	PETER W CHESTER
	*See Instructions on Reverse Side	DEC 19 1901
Title 18 U.S.C. Section 1001, makes it a co- United States and fairs fictions or fraud-	*See Instructions on Reverse Side rime for any person knowingly and willfully to ma litent statements or representations as to any mat	ke to any department of the ke