

N. M. & C. C. COPY  
UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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-2363
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		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 2126, Roswell, New Mexico 88201		8. FARM OR LEASE NAME Langley "Com"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FEL & 1650' FSL Sec. 14, T-15-S, R-27-E, N.M.P.M.		9. WELL NO. 2
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Buffalo Valley Penn. -
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3565.6 GR.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-15-S, R-27-E N.M.P.M.
		12. COUNTY OR PARISH Chaves
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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.)\*

1. Hole full of good mud. Mud wt. 9.5#, Vis. 60. *TV-850*

2. Set cement plugs as follows:

Set 35 sx. plug @ 8407'-8307'  
Set 35 sx. plug @ 7115'-7015'  
Set 35 sx. Plug @ 5193'-5093'  
Set 35 sx. plug @ 2799'-2699'  
Set 35 sx. plug @ 1760'-1660'  
Cut and pulled 8 5/8" casing @ 1223'  
Set 35 sx. plug @ 1275'-1175'  
Set 60 sx. plug @ 384'-284'  
Set 10 sx. plug @ 10'-0'

3. Installed regulation marker. Cleaned location.

4. Will notify when location is ready for inspection.

18. I hereby certify that the foregoing is true and correct

SIGNED *[Signature]*TITLE AgentDATE 4-16-74

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side