

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

RECEIVED

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

OCT 10 10 29 AM '90

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Read & Stevens, Inc.

3. ADDRESS OF OPERATOR
P.O. Box 1518, Roswell, NM 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
660' FNL & 810' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3714' GL

RECEIVED
CARRIZO AREA

OCT 17 '90

C. D. ADAMS OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM-28096

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jamie Federal

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Shugart Y, SR, Q G

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 14-18S-31E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Running 4 1/2" csg.</u> <input checked="" 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.)*

TD 7 7/8" hole @ 4,490', run 4 1/2" 11.6# J55 csg to TD. Cmt w/1000 sx Halco Lite and 300 sx 50/50 Poz, circ 150 sx to surf. Bump plug, float held. WOC 4 days, perf 4,092'-4,102' w/2 SPF, acidize w/2000 gal 15% NEFE, frac w/35,000# 20/40 sd and 10,000# 12/20 sd in 20,000 gal gelled x-linked 2% KCl water, AIR 10 BPM @ 2550. RU swab, swabbing.

Adams

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

SIGNED John C. Mafey Jr. TITLE Petroleum Engineer DATE 10/9/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side