

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 2004

WELL API NO. 30-015-21071
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-4655
7. Lease Name or Unit Agreement Name Bandit State SWD
8. Well Number 1
9. OGRID Number 018917
10. Pool name or Wildcat SWD Delaware

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other **SWD-Administrative**

2. Name of Operator
Read & Stevens, Inc.

3. Address of Operator
P. O. Box 1518 Roswell, NM 88202

4. Well Location
Unit Letter **F** : **1980** feet from the **North** line and **2021** feet from the **West** line
Section **10** Township **23S** Range **26E** NMPM County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,313.8' GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Perf. Open well to injection <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERF ADDITIONAL PERMITTED INTERVAL, PERMIT NUMBER SWD 930

August, 2006. Set CIBP @ 3,415'. Perforate 2 JSPF @ 3,150'-70', 3,190'-3,200', 3,220'-3,230', 3,270'-80', 3,320'-30', 3,350'-60', 3,390'-3,400'. Total of 160 holes. Perf date: 3 1/8" HSC, 90° phasing, 23 gm charges, 0.41" EHD. Acidize well via csg w/ 3,000 bbls 7 1/2% NEFe HCl spacing 165 ball sealers throughout job. Fracture stimulate well by pumping 200,000# 12/20 brown sand ramped from 2 ppg to 6 ppg and contained in 25# linear gel. RIH w/ pkr on wireline and set @ 3,100'. RIH w/ 103 jts fiberglass tbq. Circulate 80 bbls pkr fluid, connect tubing, install WH. RU pump truck on backside. Pressure up to 500 psi. Hold pressure for 15 min. Held OK. RD pump truck. Open well to injection. Disposed of 1,074 BW in 19 hrs w/ 430 psi injection pressure. Well on disposal at report time.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE John C. Maxey TITLE **Operations Manager** DATE **9-27-06**

Type or print name **John C. Maxey** E-mail address: **read@trailnet.com** Telephone No. **505/622-3770**
For State Use Only

APPROVED BY: _____ TITLE **Deried - Reference NMOCD** DATE _____
Conditions of Approval (if any): _____ Rule **19.15.9.704**