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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
APR 17 2 41 PM '69

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-6978

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.)

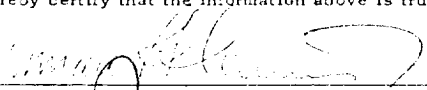
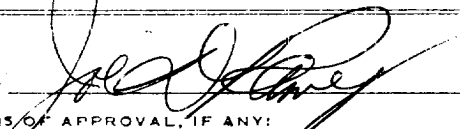
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name -
2. Name of Operator Charles B. Read	8. Farm or Lease Name State "D"
3. Address of Operator P. O. Box 2126 Roswell, New Mexico 88201	9. Well No. 1
4. Location of Well UNIT LETTER <u>A</u> <u>660'</u> FEET FROM THE <u>North</u> LINE AND <u>510'</u> FEET FROM THE <u>East</u> LINE, SECTION <u>28</u> TOWNSHIP <u>10S</u> RANGE <u>33E</u> NMPM.	10. Field and Pool, or Wildcat INBE (undesignated)
15. Elevation (Show whether DF, RT, GR, etc.) Unknown	12. County Lea

16. 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 checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

4-13-69: Spudded @ 10:30 AM.

Ran 9 jts 12 3/4", 8 rd, 34#, csg, 371' set @ 370' RKB. Cmt w/350 sx class H, 2% cacl. Plug down @ 5 PM. Cmt circ. WOC 18 hrs. Press test to 1500# for 30 min. Test OK.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED 	TITLE <u>Agent</u>	DATE <u>4-15-69</u>
APPROVED BY 	TITLE <u>SUPERVISOR DISTRICT</u>	DATE <u>4-15-69</u>
CONDITIONS OF APPROVAL, IF ANY:		