Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM-0556301

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-

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.)

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME
-

2. NAME OF OPERATOR
Charles B. Read

8. FARM OR LEASE NAME
Federal "C"

3. ADDRESS OF OPERATOR
P.O. Box 2126, Roswell, New Mexico 88201

9. WELL NO.
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980' FNL & 660' FEL Section 30-8S-36E

10. FIELD AND POOL, OR WILDCAT
West Allison (Undes.)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
30-8S-36E

14. PERMIT NO.
-

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4129.5' GL

12. COUNTY OR PARISH
Roosevelt

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	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) 8 5/8" casing			[X]
(Other)				(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.)*

8-31-69: Ran 98 jts, 4085', 8 5/8", 24#, 28#, 32#, J-55 csg - set @ 4082' RKB. Cmt w/200 sx Class "H" w/2% Gel & 8# salt per sx, followed by 100 sx w/2% $CaCl_2$ & 8# salt per sx. Plug down @ 5:00 P.M. WOC 18 hrs. Press. test to 1500 PSI for 30 min. Test OK.

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

SIGNED _____ TITLE Agent DATE 9/3/69

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
SEP 10 1969
DISTRICT ENGINEER

*See Instructions on Reverse Side