. OF CORIES RECEIVED					Form C-103		
DISTRIBUTION					Supersedes C C-102 and C-		
SANTA FE	- NEW MEXIC	CO OIL CONS	ERVATION COMMIS	NOIS	Effective 1-1-	-65	
U.S.G.S.	-				Sa. Indicate Typ	a of Logue	
LAND OFFICE	-				State		e X
OPERATOR					5. State Oil & Go		<u> </u>
						_	
SUND (DO NOT USE THIS FORM FOR PI USE "APPLICA	PRY NOTICES AND RINGPOSALS TO DRILL OR TO DE ATION FOR PERMIT - (FORM	EPORTS ON	ACK TO A DIFFFRENT RF	SERVOIH.			
OIL X GAS WELL X	OTHER-			and the second s	7. Unit Agreemen	nt Name	77777
2. Name of Operator					8. Farm or Lease Name		
Read & Stevens, Inc.					Davis		
3. Address of Operator					9. Well No.		
P. O. Box 2126	6, Roswell, New 1	Mexico 882	201.		11		
4. Location of Well					10. Field and Pool, or Wildcat		
UNIT LETTER P , 660 FEET FROM THE SOUTH LINE AND 660 FEET FROM					Wildcat		
THE East LINE, SECT	TION 25 TOWN	SHIP 7-Sout	h HANGE 34-F	last NMPM.			
mmmmmmm	15 Flavation	(Show whather	DF, RT, GR, etc.)			777777	
		.6' GR - 4	·		12. County		
Tie. Charles					Wildcat	_777777	77777
	Appropriate Box To	indicate N		_			*
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INTERTION TO.			SUBSEQUENT	REPORT OF:		
PERFORM REMEDIAL WORK	PLUG ANI	ABANDON	REMEDIAL WORK		ALTER	ING CASING	[-1
TEMPORARILY ABANDON			COMMENCE ERILLING	PNS.		AND ABANDONME	ENT -
PULL OR ALTER CASING	CHANGE F	PLANS	CASING TEST AND CEM				
			· other Per	forate & T	reat		[X]
OTHER		LJ					
17. Describe Proposed or Completed (work) SEE RULE 1103.	Operations (Clearly state a	ll pertinent deta	ils, and give pertinent	dates, including	estimated date of	starting any p	roposed
4401'-4411' an 1500 gals. 15% press. inc. to 1800#, aver. t 15 min. SIP 19	1477'. On 6-28-7 and 4425'-4436' was NE acid using be 2500# at end of treat. press. 23000#. Total load (4395'-4436') was negligible (4395'-4436')	/ l jet sh ball seale f treatmen 00#, aver. d 53 bbls.	ot per ft., trs. Formation t. Max. trea inj. rate 2 Swab back 1	otal 23 ho. broke @ 18 t. press. 3 BPM. ISDP oad cutting	les. Acidi 800#, then 2500#, min. 2200#, 5 m g 18%-19% o	zed w/ had grad treat. in. SIP il. On	ual press 2000# 6-
200# adamite, press. 3300#, w/ 500 gals. 1	20 gals. morflo aver.treat. pres 15% NE acid. ISDE Prep to pump t	& 20 sx. ss 3400#, ? 2600#, 5	KCL. Max. tr aver. inj. ra	eat. press. te 23 BPM.	. 3450#, mi Treatment	n, treat	• aded
18. I hereby certify that the information	on above is true and comple	te to the best o		lief.			
SIGNED HU To Cly	Verson Ju	TITLE	Agent		DATE	<u>-1-76</u>	
Orig. S	ign ed by				ķ i i		
ADDONUED BY	Ranyan	TITLE			DATE JUI	L 0 19	176
CONDITIONS OF APPROVAL, IF AN	Noghet Y:						70