

N. M. OIL CONS. COMMISSION  
UNITED STATES P. O. BOX 88240  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

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.)

<b>1. OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		<b>5. LEASE DESIGNATION AND SERIAL NO.</b>  NM-32408	
<b>2. NAME OF OPERATOR</b>  Read & Stevens, Inc.		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>  	
<b>3. ADDRESS OF OPERATOR</b>  P.O. Box 1518, Roswell, NM 88202		<b>7. UNIT AGREEMENT NAME</b>  	
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  2310' FNL & 1980' FEL		<b>8. FARM OR LEASE NAME</b>  Cedar Point Fed.	
<b>14. PERMIT NO.</b>  		<b>9. WELL NO.</b>  1	
<b>15. ELEVATIONS</b> (Show whether DF, RT, GR, etc.)  4076' GL		<b>10. FIELD AND POOL, OR WILDCAT</b>  Cedar Point Strawn	
<b>16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data</b>		<b>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b>  27-15S-30E	
<b>17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS</b> (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.)*  Speeded 7am 4/27/88 Drill surface hole to 500' KB. Ran 14 jts 13 3/8" csg w/various weights and grade. Set csg at 500'. RU Halco & cmt with 525 sx Premuim Plus + 2% CaCl. Circ 125 sx to surf, cut off csg.		<b>12. COUNTY OR PARISH</b>  Chaves	
<b>18. I hereby certify that the foregoing is true and correct</b>		<b>13. STATE</b>  NM	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
(Other) ☐

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) Run Surf. Csg.

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

RECEIVED

MAY 18 1 33 PM '88

BUREAU OF LAND MGMT  
ROSWELL RESOURCE AREA

I hereby certify that the foregoing is true and correct

SIGNED

*John Mafey*

TITLE

Engineer

DATE 5-4-88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

