

N. M. OIL CONS. COMMISSION
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 8820
ALBUQUERQUE, 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-32408
2. NAME OF OPERATOR Read & Stevens, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88202		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL & 1980' FEL		8. FARM OR LEASE NAME Cedar Point Federal
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4076' GL		10. FIELD AND POOL, OR WILDCAT Cedar Point Strawn
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27-15S-30E
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.)*		12. COUNTY OR PARISH 13. STATE Chaves NM

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>
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SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) Run intermediate csg. <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/>
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(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Ran (bottom) 30 jts 8 5/8" 32# J-55 STC, and (top) 46 jts 8 5/8" 24 # J-55 STC csg & set at 3,267', cmt csg w/1150 sx Halco lite + 15# salt tailed w/200 sx Premium Plus + 2% CaCl. Circulate cmt to surface.

RECEIVED
May 10 1 33 PM '88
BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA

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

SIGNED John C. Mapey TITLE Engineer

DATE 5-4-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

