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LAND OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form O-11,  
Supersedes Old  
O-102 and O-103  
Effective 1-1-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
OG 2416
7. Unit Agreement Name
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8. Farm or Lease Name
Guy Hooper Com
9. Well No.
1
10. Field and Pool, or Wildcat
Scharb Bone Springs
12. County
Lea

## 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"/>
2. Name of Operator
Charles B. Read
3. Address of Operator
P. O. Box 2126, Roswell, New Mexico 88201
4. Location of Well
UNIT LETTER <u>K</u> . <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1967.13</u> FEET FROM
THE <u>West</u> LINE, SECTION <u>7</u> TOWNSHIP <u>19S</u> RANGE <u>35E</u> NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
Unknown

## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

Ran 96 jts. 24#, 32# and 28#, J-55, 8-5/8" casing at 3988' and cemented w/250 sx. WOC 19 hrs. Pressured up to 1450# for 30 mins. Pressure held.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Charles B. Read</u>	TITLE <u>Operator</u>	DATE <u>April 25, 1968</u>
WITNESSED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u></u>
TICKS OF APPROVAL, IF ANY:		