

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instruction reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0483079

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "A"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Quail Queen (undesigned)

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

14-19S-34E

12. COUNTY OR PARISH

Lea

13. STATE

N. Mexico

## 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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Charles B. Read

3. ADDRESS OF OPERATOR

P. O. Box 2126, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

2080' FSL &amp; 1980 FEL

14. PERMIT NO.

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

3884.1 GL

16.

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

## 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)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

3-4-69: Spudded @ 4:00 P.M.

Ran 12 jts, 8 5/8", 32#, FWPS csg, 386' set @ 399' RKB. Cmt w/150 sx class "C" w/2% caCl, 8# salt per sx. Plug down @ 10 P.M. Cmt. circ. WOC for 18 hrs. Press test to 1500# for 30 min. Test OK.

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

SIGNED

TITLE Agent

DATE 3-6-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAR 1969

\*See Instructions on Reverse Side

J L GORDON  
ACTING DISTRICT ENGINEER