[redacted] DEPARTMENT

[redacted]		
[redacted]		
[redacted]		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State ☐ Fee ☒
5. State Oil & Gas Lease No.: -

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.)

7. Unit Agreement Name: -

OIL WELL ☒ GAS WELL ☐ OTHER-

Name of Operator: Read & Stevens, Inc.
8. Farm or Lease Name: Midway "7"

Address of Operator: P.O. Box 1518, Roswell, NM 88201
9. Well No.: 1

Location of Well: UNIT LETTER P, 330 FEET FROM THE East LINE AND 330 FEET FROM THE South LINE, SECTION 7, TOWNSHIP 17S, RANGE 37E, NMPM.
10. Field and Pool, or Wildcat: Midway Abo Und.

15. Elevation (Show whether DF, RT, GR, etc.): 3791.6' GL
12. County: Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☒	
OTHER ☐		OTHER ☐	

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.

1-18-82 Depth 3500'. Ran 84jts 8 5/8"-24# & 32#, tight spot 1800'-1950', rotate & circ through tight spot. Cem w/1550sx HLC w/10# salt, 5# gilsonite, ¼# flocele, tail-in w/200sx Class "C" 2% $CaCl_2$. Plug down 5:30pm 1-17-82, circ 56sx, WOC 13hrs csg set @ 3500'.

1-19-82 Depth 3545'. Drlg. 5hrs WOC. Test BOP's & csg @ 1000psi for 30 min, tested satisfactorily.

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

SIGNED B. Stubbs TITLE Drilling & Production Mgr DATE 1-19-82

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: