

N. L. ...
P. O. BOX ...
MOSCOW, IDAHO 83401

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE *
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDY NOTICES AND REPORTS ON WELLS		5. LEASE DESIGNATION AND SERIAL NO.	
(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.)		NM-06570	
1. OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
2. NAME OF OPERATOR Read & Stevens, Inc.		7. UNIT AGREEMENT NAME -	
3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88201		8. FARM OR LEASE NAME Laurie "D" Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. * See also space 17 below.) At surface 660' FNL & 990' FEL		9. WELL NO. 1	
14. PERMIT NO. -		10. FIELD AND POOL, OR WILDCAT Lea Penn <i>Lindsey Morrow</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642' GL		11. SEC, T, R, M, OR BLK & SURVEY OR AREA Sec. 15-T20S-R34E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON * <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT * <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Completion of pipeline <input checked="" type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
(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. If well is directionally drilled give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

The pipeline to connect the Laurie "D" Federal #1 to Llano, Inc. pipeline has been completed. The right-of-way number for the pipeline is NM-63249.

I hereby certify that the foregoing is true and correct
SIGNED *B. J. Hubbs* TITLE Drilling & Production Manager DATE April 8, 1986

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

Hubbs
APR 10 1986

CARISBRO, NEW MEXICO