

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Read & Stevens, Inc.</p> <p>3. ADDRESS OF OPERATOR P. O. Box 1518, Roswell, New Mexico 88201</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FWL & 1880' FNL</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-56264</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME North Lea Federal</p> <p>9. WELL NO. 2</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-20-S, R-34E</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3639 GL</p>
	<p>12. COUNTY OR PARISH Lea</p> <p>13. STATE NM</p>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or 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) <u>COMPLETION</u> <input checked="" type="checkbox"/>	

(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.)*

- 2-Sep** Moved-in and rigged-up pulling and reverse units. Unloaded, racked and tallied 425 joints of new 2-3/8", N-80, EU, S rd., 4.7 */ft. tubing with AB modified couplings. Picked-up 4-1/2" bit, 6 3-1/2" drill collars and went in hole with same.
 - 3-Sep** Continued going in hole with drill string to 10,123' KB; tagged cement at that point. Drilled cement and DV tool. Circulated hole clean.
 - 4-Sep** Continued going in hole to 13,636' KB; closed BOP, pressure tested with 1500 psig, held OK. Pulled out of hole; added casing scraper to string. Went in hole to DV tool; worked through DV tool several time. Continued going in hole to 13,636' KB. Circulated hole with 3% KCL water.
 - 5-Sep** Pulled out of hole; laid down bit, scraper and drill collars.
 - 7-Sep** Went in hole with Vann tubing conveyed perforating system, packer assembly, "on-off" sealing connector and tubing. Ran Welox correlation log and adjusted depths. Spaced out and set packer at 13,158.79' KB, "on-off" tool at 13,155.54' KB. Guns set to perforate as follows:
 13,178' to 13,182' KB
 13,188' to 13,190' KB
 13,193' to 13,216' KB.
- Rigged-down BOP and nipped-up well head. Dropped bar to perforate at 3:25 PM. Flowed well to clean-up; shut-in to install test equipment.

RECEIVED
 SEP 10 10 57 AM '87
 CARLSBAD RESOURCE AREA OFFICE MANAGERS

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

SIGNED James F. O'Briant TITLE Agent for Read & Stevens, Inc. DATE 9/9/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 16 1987

SJS

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO