

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(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.)

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>SPUD, DRILLING & CSG.</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion or 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.)

6/22/87 Moving in Willbros Rig #14.

6/25/87 Spudded well at 8:15 AM MDST.

6/26/87 Day 1 Drilling @ 900' KB.

6/27/87 Day 2 Drilling @ 1,322' KB. Drilling red bed & anhydrite. Survey: 3/4 @ 1089' KB, 1/2 @ 1240' KB.

6/28/87 Day 3 Drilling @ 1552' in red bed & anhydrite. Survey: 12 @ 1492' KB.

6/29/87 Day 4 WOC @ 1608' KB. Survey; 1-3/4 @ 1600'.

Ran & cemented 38 jts. 13 3/8" 54.5#, K-55, Buttress casing at 1,608' KB.

Cemented w/ 1065 sx. HOWCO Lite w/ 1/4" Flocl w/ 2% CaCl followed by 200 sx. Class "C"
w/ 2% CaCl. Plug down @ 11:45 p.m. MDST 6/28/87, circ. est. 500 sx. to pit.

6/30/87 Day 5 Drilling @ 1850' in Anyd. & salt. Tested csg. & BOP to 1000 psig for 30 min. held O.K.

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

SIGNED

James F. O'Brian

TITLE

Agent for Read & Stevens, Inc.

DATE

6/30/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 6 10 44 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

RECEIVED