

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved

5. LEASE DESIGNATION AND SERIAL NO.
NM-56264

6. IF INDIAN, ALLOTTEE OF TRIBE NAME

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 ☐ Gas ☐
Well ☐ Well X ☒ Other ☐

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Read & Stevens, Inc.

8. FARM OR LEASE NAME
North Lea Federal

3. ADDRESS OF OPERATOR
P.O. Box 1518, Roswell, NM 88202

9. WELL NO.
3

4. LOCATION OF WELL (Report location clearly and
in accordance with State requirements.*
See also space 17 below.)
At surface
1650' FNL & 990' FEL

10. FIELD AND POOL, OR WILDCAT
~~North Lea Penn~~

11. SEC. T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 10-T20S-R34E

14. PERMIT NO.

15. ELEVATIONS (Show whether
DF, RT, GR, etc.)
3643 GL

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

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>Run 5 1/2 Csg.</u>	<input checked="" type="checkbox"/>

(NOTE: Report results of multiple
Completion or Recompletion

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give
estimated date of starting any proposed work. If well is directionally drilled give sub-
surface locations and measured and true vertical depths for all markers and zones
pertinent to this work)*

SEE ATTACHMENTS

I hereby certify that the foregoing is true and correct

SIGNED Sam L. Shew TITLE Engineer DATE 1-4-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____