

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 3. LEASE DESIGNATION AND SERIAL NO. NM-54432 |
| 2. NAME OF OPERATOR Read & Stevens, Inc. | | 4. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P.O. Box 1518, Roswell, NM 88202 | | 5. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 660' FWL | | 6. FARM OR LEASE NAME Mark Federal |
| 14. PERMIT NO. | | 7. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3635 GL | | 8. FIELD AND POOL, OR WILDCAT Hatch Lea Penn |
| | | 9. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 3-20S-34E |
| | | 10. COUNTY OR PARISH Lea |
| | | 11. STATE NM |

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>Perf & acidize</u> <input checked="" type="checkbox"/> | |

(Other) _____
(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.)*

8-23-88

Perforate 13,208'-13,214', 6' 13 holes.
Acidize Morrow perms 13,160'-13,176', 13,288'-13,292',
13,410'-13,415', and 13,208'-13,214' w/3,600 gallons of
7 1/2% MORFLO BC acid w/30% CO2.

RECEIVED

AUG 31 10 25 AM '88

CARLSBAD AREA

18. I hereby certify that the foregoing is true and correct
SIGNED Pandra Cook TITLE Production Clerk DATE 8-29-88
(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 15 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO