Form 3160-5 (June 1990)

NITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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FORM APPROV		* . I		P.£.
FORM APPROV Budger Burelu No. 19		1, 193 1, 193	30.	HO?

FORM APPROVED						
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. L	asc	Desig	nation	and	Serial	No.

		NM-54432
SUNDRY NOTICES AND REPORTS ON WELLS	_	6. If Indian, Allottee or Tribe Name

Do not use this form for proposals to dri Use "APPLICATION FOR	III or to deepen or reentry to a different reservoir.	6. II II
SUBMIT	7. If Unit or CA, Agreement Designation	
1. Type of Well X Oil Well Well Other		8. Well Name and No.
Z. Name of Operator		Mark Federal #5
·		9. API Well No.
Read & Stevens, Inc. 3. Address and Telephone No.		30-025-32166
P. O. Box 1518 Roswell, NM	1 882202 505/622-3770	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey De		Quail Ridge Delaware
1650' FSL & 1650' FWL		11. County or Parish, State
Sec 3 T20S-R34E		
3eC 3 1205-R34L		Lea County NM
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOF	IT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
•	Recompletion	New Construction
X Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	X Other Run Csg-Cement	Dispose Water
	pertinent details, and give pertinent dates, including estimated date of starting	Completion or Recompletion Report and Log form.)
400 sx Class "C" on stage. Cir cmt to su	5 @ S-80 csg to 4,800'. DV @ 3, the 1st stage & 1,100 sx of lift rface. WOC 8 hrs, cut off csg, BOP & csg to 1,000 psi, OK.	te cmt on 2nd NU wellhead &
	ACCEPTED FOR RECORD S 1993 CARLSBAD, NEW MEXICO	
Signed	Title Petroleum Engineer	Date
Title 18 U.S.C. Section 1001, makes it a crime for any person or representations as to any matter within its jurisdiction.	knowingly and willfully to make to any department or agency of the United	States any false, fictitious or fraudulent statements
OF TOPINSCHIBITIONS as to any	*See Instruction on Reverse Side	