

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 formation.
Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐
2. NAME OF OPERATOR **Bettis, Boyle & Stovall**
3. ADDRESS OF OPERATOR **P. O. Box 1240 Graham, Texas 76046**
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface **660' FNL & 1980' fWL of Sec. 15-T24S-R31E**
14. PERMIT NO. **Case#9692, Od R-8974** 15. ELEVATIONS (Show whether DF, RT, OR, etc.) **3501.6 GL**

6. LEASE DESIGNATION AND SERIAL NO. **NMNM82027 CA#**
8. IF INDIAN, ALLOTTEE OR TRIBE NAME **NM 56141**
7. UNIT AGREEMENT NAME **Lotos "A" Federal Com.**
8. FARM OR LEASE NAME **Lotos "A"**
9. WELL NO. **-1-**
10. FIELD AND POOL, OR WILDCAT **Wildcat**
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA **Sec. 15-T24S-R31E**
12. COUNTY OR PARISH **Eddy** 13. STATE **NM**

MAY 25 '90

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☒
(Other) **Spud Notice**

(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.)

9/1/89 - Moving in Wilbros rig #15.

89
9/2/90 - Rig up.

ACCEPTED FOR RECORD

MAY 24 1990

CARLSBAD, NEW MEXICO

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

SIGNED Jim Gign TITLE Production Assistant DATE 2/12/90

(This space for Federal or State office use)

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

*See Instructions on Reverse Side