

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
verse side)

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

2158

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 ☐ 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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3394.7' GR

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JAN 12 '90

O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM-03205

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Big Eddy Unit

8. FARM OR LEASE NAME
Big Eddy Unit

9. WELL NO.
114

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 21, T21S - R29E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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"/>	ABANDONMENTS*	<input checked="" type="checkbox"/>
(Other)	Daily Drilling Rpt. & DST No. 1		

(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.)*

1/1/90: Present depth 4150'. Formation 60% lime, 30% shale, and 10% sand. Present operation: On DST No. 1 from 4110' to 4150', (40') Cherry Canyon.

1/2/90: Total depth 4150'. Present operation: On DST No. 1. (For further details of DST No. 1 see attached.)

1/3/90: Drilling at 4890', formation 90% shale, 10% dolomite. Deviation survey at 4520' 3/4°.

1/4/90: Drilling at 5815', formation sand. Deviation survey at 4920' 1/4°, at 5314' 1/2°, at 4723' 3/4°.

1/5/90: Drilling at 6600', formation lime and shale. Deviation survey at 6210' 1/4°, at 6558' 3/4°.

1/6/90: Drilling at 6633', formation sand. Deviation survey at 6633' 3/4°. Hydraulic test BOP, All O.K.

1/7/90: Drilling at 7200', formation sand and shale. Deviation survey at 7050' 1/2°.

1/8/90: Drilling at 7908', formation lime. Deviation survey at 7480' 1°.

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

SIGNED [Signature] TITLE AGENT DATE 1/8/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side