

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 RECEIVED

(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	FEB 19 '90	5. LEASE DESIGNATION AND SERIAL NO. NMNM82027 <i>cm</i>
2. NAME OF OPERATOR Bettis, Boyle & Stovall ✓	O. C. D. ARTESIA, OFFICE	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM 56741
3. ADDRESS OF OPERATOR P. O. Box 1240, Graham, Texas 76046		7. UNIT AGREEMENT NAME Lotos "A" Federal Com
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		8. FARM OR LEASE NAME Lotos "A"
14. PERMIT NO. Case#9692, 0d R-8974	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3501.6 GL	9. WELL NO. -1-
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Sand Dunes-Lower South Penn
		11. SEC., T., R. M., OR BLK. AND SURVEY OR AREA Sec 15-T24S-R31E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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) 4 point test; hookup	
(Other) <input type="checkbox"/>		(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 and completion to this work.)			

1/05/90 4 point test was ran - copy attached

1/06/90 Well was hooked up and gas sales began thru El Paso Natural Gas Co.'s line with being purchaser

ACCEPTED FOR RECORD

Am

FEB 18 1990

CARISBAP

RECEIVED

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

SIGNED

TITLE Production Assistant

DATE 2/12/90

(This space for Federal or State Office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction