

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instruction: re-  
verse side)

Budget Bureau No. 1004-0-3  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-71766

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Crow Flats "15" Fed Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 15, T-<sup>16</sup>~~25~~-S, R-28-E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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

2180' FNL & 660' FEL of Sec. 15

14. PERMIT NO.

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

3576.9' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

TO AMEND ORIGINAL DRILLING PERMIT XXX

(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.) \*

This Sundry Notice is to AMEND the original Application to Drill from a Wolfcamp (6750') or Strawn (8640') completion to a Premier Sand completion. The well was drilled to a total depth of 9700' K.B. and plugged back to 1930' K.B.

RECEIVED

DEC 31 '90

O. C. D.  
ARTESIA, OFFICE

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

SIGNED

*David L. Jones*

TITLE

*Agent*

DATE

*Dec. 10, 1990*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

*12-24-90*

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side