

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-013  
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 BLE. AND  
SURVEY OR AREA

Sec. 15, T-16-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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) Completion Procedure (Premier Sand) XXX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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. Move-in and rig up completion equipment.
2. Perforate from 1,856-1,874' KB.
3. Acidize as required.
4. Swab/flow to clean-up and test.
5. Fracture treat as with volumes/rates as indicated by testing.
6. Flow to clean-up and test.
7. Shut-in well for pressure build-up.
8. Install surface equipment as required.
9. Run potential test.

DEC 31 '90

C. C. D.  
ARTESIA, OFFICE

RECEIVED  
DEC 13 11 10 AM '90  
CARRIZO  
AREAS  
OFFICE

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

SIGNED

*Sheryl A. Jones*

TITLE

*Agent*

DATE

*12/11/90*

(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