Form 3160-5 (November 1983)	UNIT STATES	SUBMIT IN TRIPLI E.	Explies rugust 3	1. 1985	
(Formerly 9-331)	DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT	Actse aide)	5. LEASE DESIGNATION AS NM-26880		
SUNI	DRY NOTICES AND REPORTS Corm for proposals to drill or to deepen or plug ba	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
1.	Use "APPLICATION FOR PERMIT—" for such pro	oposais.)	7. UNIT AGREEMENT NAM	E	
OIL GAS WELL	OTHER	•			
2. NAME OF OPERATOR			8. FARM OR LEASE NAME		
Bettis Brothers, Inc.			Golden Lane Federal		
One First Center, 500 W. Texas, Suite 830, Midland, Texas 79701			1		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface			10. FIELD AND POOL, OR WILDCAT Golden Lane Atoka		
			11. SEC., T., B., M., OR BL. SURVEY OR ARMA	K. AND	
4720' FSL, 1650	J' FEL, Section l	Sec. 1, T-21-S,	R-28-F		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR. etc.)	12. COUNTY OR PARISH Eddy		
16.	Check Appropriate Box To Indicate No	ature of Notice, Report, or C	Other Data		
N	•••			EQUENT REPORT OF :	
TEST WATER SHUT-OF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WE	LL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CAS	ING	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT	•	
REPAIR WELL	CHANGE PLANS	(Other)	of multiple completion or	well	
17	test casing to T&A XXX; COMPLETED OPERATIONS (Clearly state all pertinent well is directionally drilled, give subsurface locations)	details and give pertinent dates	letion Report and Log form , including estimated date al depths for all markers	of starting any	
Plans have be	en made to test the casing on troval of this Sundry Notice.	the above captioned w	vell on December	5, 1991	
NOTIFY BLM					
	pump truck.				
2.) Pressu	re test 5" casing to 1500 psig	•			
3.) Report	results.		•		
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18. I hereby certify that	the foregoing is true and correct			/0.1	
SIGNED MAIN	is fleneary Title Age	nt for Bettis Brother	rs, Inc. 11/25,	/91	
	ral or State office use)	,	DATE /2 2	- 도속/	
APPROVED BYCONDITIONS OF AF	PPROVAL, IF ANY:		DATE		