

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
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Budget Bureau No. 1004-0135
Expires August 31, 1985

2151

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.)

OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		RECEIVED
2. NAME OF OPERATOR Bettis, Boyle & Stovall		JAN 12 '90
3. ADDRESS OF OPERATOR P. O. Box 1240, Graham, Texas 76046		O. G. D. ARTESIA, OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2080' FNL & 660' FEL		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3394.7' GR	

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 NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input checked="" 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) <input type="checkbox"/>	
(Other) Alter proposed csg program		(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.)

Casing program has been changed to set 8 5/8" casing at approximately 3000' to insure a proper casing seat within the anhydrites directly overlying the sands of the Delaware Mountain group.

RECEIVED
DEC 26 3 23 PM '89

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

SIGNED <u>John D. Bettis</u>	TITLE <u>Agent</u>	DATE <u>12-22-89</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>1-10-90</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side