

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION  
FORM APPROVED  
Drawer DP Budget Bureau No. 1004-0135  
Artesia, NM 88210-1993

OCT 25 '94

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-67103
2. Name of Operator Bettis, Boyle & Stovall	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 1240, Graham, TX 76450 817-549-0780	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1380' FSL & 990' FEL, Sec. 28, T23S, R29E	8. Well Name and No. LAGUNA GRANDE #1
	9. API Well No. 30-015-21636
	10. Field and Pool, or Exploratory Area Wildcat-Bone Springs
	11. County or Parish, State Eddy Co., NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

Permission is requested to change the well name dropping the unit designation. This well is no longer part of a unit.

RECEIVED  
SEP 26 9 11 AM '94  
CARBON AREA  
FAC

Post ID-3  
10-28-94  
chg well name

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

Signed Jim Pagon Title Regulatory Analyst Date 9/20/94

(This space for Federal or State office use)

Approved by Greg Salameh Title Petroleum Engineer Date 10/20/94

Conditions of approval, if any: