

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Bettis, Boyle & Stovall
3. ADDRESS OF OPERATOR
P. O. Box 1240, Graham, TX 76046
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
NESN 1580/S 1980/W
14. PERMIT NO.
Unknown
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
Unknown 3078' RB

5. LEASE DESIGNATION AND SERIAL NO.
NM-14778
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Corral Draw
8. FARM OR LEASE NAME
Corral Draw
9. WELL NO.
-2-
10. FIELD AND POOL, OR WILDCAT
W. Corral Draw
11. SEC. T. R. M., OR BLK. AND
SUAVEY OR AREA
22-T25S-R29E
12. COUNTY OR PARISH
Eddy
13. STATE
NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
RIIHOOT OR ACIDIZING ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) change of operator ☒
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

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.)

Effective 5/1/87 operator rights for the above lease were transferred from Brad Bennett to Bettis Brothers, Inc.

Effective 6/4/87 operator rights for the above lease were then transferred from Bettis Brothers, Inc. to Bettis, Boyle & Stovall.

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

SIGNED

TITLE Production Assistant

DATE 5/1/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side