I.					C/SF
Form 3160-3 (November 1983)			SUBMIT IN (Other Instr.		Tom approved.
UNITED STATES DEPARTMENTE OF THE INTE			reverse i		Budget Bureau No. 1004-0136 Expires August 31, 1985
		· -			5. LEASE DESIGNATION AND SERIAL NO.
BUREAU OF LAND MANAGEMENT					NM-67106
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					6. IF INDIAN, ALLOTTED OR TRIBE NAME
DRILL X (Re-enter) DEEPEN D. TYPE OF WELL			PLUG BA	ск 🗆	7. UNIT AGREEMENT NAME
OIL GA		SINGLE MULTII	PLE	8. FARM OR LEASE NAME	
2. NAME OF OPERATOR			RECEIVED B	Y	Sotol Federal
Bettis, Boyle 3. ADDRESS OF OPERATOR	√ ————————————————————————————————————	***************************************		9. WELL NO.	
P.O. Box 1240	s 76046	FEB -6 198	7	1 10. FIELD AND POOL, OR WILDCAT	
4. LOCATION OF WELL (Re	d in accordance with	any State requirements.*)		Wildcat - Atoka	
1980'FNC & 1980' FWL of Section 12, T24S, R31E ARTESIA, OFFICE					11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA
At proposed prod. zone					Sec.12, T24S, R31E
Straight Hole 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFF			OFFICE*		12. COUNTY OR PARISH   13. STATE
	rom Loving, Ne				Eddy New Mexico
15. DISTANCE FROM PROPORTION TO NEAREST			6. NO. OF ACRES IN LEASE	17. NO. C	OF ACRES ASSIGNED HIS WELL
(Also to Dearest drig.	unit line, if any)	1980'	160		160
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.  19. 19.			9. PROPOSED DEPTH 14,117'	_	tary
21. ELEVATIONS (Show whether DF, RT, GR, etc.)					22. APPROX. DATE WORK WILL START*
GR 35261 3 5	31.9				January 25, 1987
23.		PROPOSED CASING	AND CEMENTING PROGRA	м	
SIZE OF HOLE	BIZE OF CABING	WEIGHT PER FOOT	SETTING DEPTH		QUANTITY OF CEMENT
	· .			ļ <del></del>	
. 1					
					*
	See Atta	ched			
					•
~		506-			
ronner (y	July since C	20, 30,			
CTC : 15	GAU PEA 5	51-12			
			•		
					active zone and proposed new productive and true vertical depths. Give blowout
preventer program, if any.					
24.	X X M	) `_			
SIGNED Thomas H	- Criffin	TITLE	Supt.		DATE12-30-86
(This space for Federa	l or State office use)				

## \*See Instructions On Reverse Side

APPROVAL DATE \_

TITLE

PERMIT NO. Ong: Spd. Charles S. D. Hen

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY \_

Prea Manager