

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.)

|  |  |   |                   |
|--|--|---|-------------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>USA NM-15303                         |                   |
| 2. NAME OF OPERATOR<br>Bettis, Boyle & Stovall   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>N/A                                 |                   |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 1240, Graham, TX 76046  |  | 7. UNIT AGREEMENT NAME  |                   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface<br>660' FNL & 1980' FWL of Section 9, Township 25S, Range 29E;<br>7 miles SE from Malaga, New Mexico |  | 8. FARM OR LEASE NAME<br>Pickett Draw Federal                               |                   |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>-1-  |                   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>2944.8 GR  |  | 10. FIELD AND POOL, OR WILDCAT<br>Wildcat - Morrow                          |                   |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Section 9, T 25S, R 29E |                   |
|  |  | 12. COUNTY OR PARISH<br>Eddy  | 13. STATE<br>N.M. |

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 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 checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>               |  |

(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.)\*

08/15/87

Run 9 5/8", 47# casing (12 1/4" hole) to 10,100', cemented with 1125 sx. 50/50 Poz. 2% Gel, .5% Halid 9, 14.1# cement.

RECEIVED

AUG 26 2 06 PM '87

CARLSBAD DISTRICT OFFICE  
AREA HEADQUARTERS

ACCEPTED FOR RECORD

AUG 24 1987

CARLSBAD, NEW MEXICO

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

SIGNED Kim Egan TITLE Production Assistant DATE 08/18/87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side