

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse 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. WELL TYPE OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		RECEIVED	5. LEASE DESIGNATION AND SERIAL NO. NM-15303
2. NAME OF OPERATOR Bettis, Boyle & Stovall		DEC 16 '88	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR P. O. Box 1240, Graham, Texas 76046		ARTESIA OFFICE	7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1235' FSL & 1515' FWL, Sec. 10, T25S, R29E			8. FARM OR LEASE NAME Pickett Draw Federal
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3021.2 GR	9. WELL NO. -2-
			10. FIELD AND POOL, OR WILDCAT Rustler Bluff Morrow
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T25S, 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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(Other)

(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.)\*

See attached completion report.

APPROVED FOR RECORD

DEC 14 1988

CARSON, NE

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

SIGNED

TITLE Production Assistant

DATE 10-18-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side