

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(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. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Bettis, Boyle & Stovall

3. ADDRESS OF OPERATOR

P. O. Box 1240 Graham, Texas 76046

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

660' FNL & 860' FEL Sec. 8, T25S, R29E

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, OR, etc.)

2934.4 GR

5. LEASE DESIGNATION AND SERIAL NO.

NM-55929

6. IF INDIAN ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Exxon Federal "8"

9. WELL NO.

41-

10. FIELD AND POOL, OR WILDCAT

UIC Rustler Bluff Atoka

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 8, 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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.

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

CONDITIONS OF APPROVAL, IF ANY:

DATE

ACCEPTE FOR RECORD

NOV 30 1988

\*See Instructions on Reverse Side