	Fra wastrage :		Form approved
	UNITED STATES TMENT OF THE INTE TAU OF LAND MANAGEME	SUBMIT IN TRIPLICATES RIOR verse side)	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 CLEASE DESIGNATION AND SERIAL NO. NM-29234
			6. IF INDIAN, ALLOTTEE OR TRIBE HAME
(Do not use this form for prop Use "APPLIC	TICES AND REPORTS CATION FOR PERMIT—" for such	ON WELLEN 5 g back to a different reservoir. 15 h proposals.)	[
1. OIL [7] GAN [57]		AREA (ALL)	7. UNIE AGREEMENT NAME
WELL WELL OTHER		RECEIVED	ปะสิรั
2. NAME OF OPERATOR Bettis, Boyle & Stove	-11 V	NECEIVED	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR	d '		Lotos Federal
P.O. Box 1240 Graham	n, TX 76046	DEC 12'88	9. WELL NO.
4. LOCATION OF WELL (Report location See also space 17 below.)	clearly and in accordance with a	ny State requirements.*	-] - 10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface		O. C. D.	Und. S. Sand Dunes Lowe
1980' FSL & 1980' FEL	., NW/4Se/4, Unit Le	tterariesia, OFFICE	11. SHC., T., E., M., OR BLK. AND Donn
	•		SURVEY OR AREA FEITH
			Sec. 9, T24S, R31E
14. PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 18. STATE
	3457.3' GR		Eddy N.M.
16. Check A	ppropriate Box To Indicate	Nature of Notice, Report, or O	ther Data
NOTICE OF INTE		•	BHT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING		l
PRACTURE TREAT	MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL
SHOOT OR ACIDIZE	ABANDON®	SHOOTING OR ACIDIZING	ALTERING CABING ABANDONMENT®
REPAIR WELL	CHANGE PLANS	(Other)spudded	
(Other)		(Nors: Report results	of multiple completion on Well tion Report and Log form.)
,	lling on well.	t.	including estimated date of atarting any depths for all markers and zones perti-
	•		
8. I hereby certify that the forgoing is	true and correct	Production Assistant	DATE NOV. 11, 1988
(This space for Federal or State office	e use)	ACCE	PTED FOR RECORD
APPROVED BY	TITLE		DATE
CONDITIONS OF APPROVAL, IF A	NY:	· •	DEC 6 1988

*See Instructions on Reverse Side

SJS CARLSBAD, NEW MEXICO

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE ABANDON* CHANGE PLANS (Other) (Other) Spudded Well (Other) (Note: Report results of multiple completion on V Completion or Recompletion Report and Log form.) Proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plue bird to different-reservoir. (8) 1. OL	1985
OIL WELL OTHER ARE SECTIVED RECEIVED REPART OR LEASE MANE Lotos Federal P. Mall No. P. O. Box 1240, Graham, TX 76046 DEC 12 '88 -1- 10. FIELD AND FOOL, OR W Und. S. Sand [11. SPC. T. E. M. OR BLE. SURVEY OR AREA SEC. 9, T245, 12. COUNTY OR PARISH [18. ELEVATIONS (Show whether DF, RT, OR, etc.) 3457.3' GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PRACTURE TREAT MIDDITIFE COMPLETE REPAIR WELL (Other) CHANGE PLANS CHANGE PLANS REPAIR OR LEASE MANE LOTOS FERDER PRACTURE TREAT MIDITIFE COMPLETE REPAIRING WELL (Other) CHANGE PLANS CHANGE PLANS REPAIRING OR ACIDIZEM ABANDON'S REPAIR WELL (Other) COMPLETED OPERATIONS (Clearly state all perthent details, and give pertinent dates, including cetimated date or nent to this work.)*	R TRIBE HAME
Bettis, Boyle & Stovall ADDRESS OF OFERATOR P.O. Box 1240, Graham, TX 76046 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 1980' FSL & 1980' FEL, NW/4Se/4, Unit Letter JAMESA OFFICE 1980' FSL & 1980' FEL, NW/4Se/4, Unit Letter JAMESA OFFICE 11. BELEVATIONS (Show whether DF, RT, OR, etc.) 3457.3' GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOTING OR ACIDIZE ABANDON* O. C. D. 11. BELEVATIONS (Show whether DF, RT, OR, etc.) 3457.3' GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOTING OR ACIDIZE ABANDON* SHOOTING OR ACIDIZE ABANDON MELL SOURT OR PARISH 18 Eddy TREATMENT REPORT OF: WATER SHUT-OFF FRACTURE TREATMENT ABANDON MELL ABANDON MELL ABANDON MELL SOURT OR PARISH ALTERING CABING (Other) Spudded Well (Other) DESCRIPTION OF THE COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of nent to this work.)*	
DEC 12 '88 DEC 12 '88 P. O. Box 1240, Graham, TX 76046 DEC 12 '88 P. O. Box 1240, Graham, TX 76046 DEC 12 '88 DEC 12 '88 DEC 12 '88 O. C. D. Und. S. Sand Foot, OR PLANTED A OFFICE Decarion of Well. (Report location clearly and in accordance with any State requirements.* D. C. D. 1980' FSL & 1980' FEL, NW/4Se/4, Unit Letter JARTESIA OFFICE Decarding of Internation to: Decarding of	
P.O. Box 1240, Graham, TX 76046 P.O. Box 1240, Graham, TX 76046 DEC 12 '88 -1- 10. FIELD AND FOOL, OR W See also apace 17 below.) At surface 1980' FSL & 1980' FEL, NW/4Se/4, Unit Letter JAMESA OFFICE 1980' FSL & 1980' FEL, NW/4Se/4, Unit Letter JAMESA OFFICE 1. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3457.3' GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE ABANDON* SHOOTING OR ACIDIZEM ABANDON* SHOOTING OR ACIDIZEM ABANDON* SHOOTING OR ACIDIZEM ABANDON* SHOOTING OR ACIDIZEM ABANDON* CHANGE PLANS (Other) SUBSEQUENT REPORT OF: WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE ABANDON* SHOOTING OR ACIDIZEM ABANDONMENT* OCCUPATION OF MELL NO. 10. FIELD AND FOOL, OR W Und. S. Sand [11. SEC., T., E., M., OS BLE. SUBSEQUENT OR ALIE. SUBSEQUENT REPORT OF: WATER SHUT-OFF FRACTURE TREATMENT ALTERING WELL (Other) SHOOTING OR ACIDIZING (Other) SHOOTING OR ACIDIZING (Other) SPUDDED OR CONPLETED OPERATIONS (Clearly State all pertinent details, and give pertinent dates, including estimated date of proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and report for the proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and report for the proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and report for the proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and report for the proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and report for the proposed work.	
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Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE ABANDON* CHANGE PLANS (Other) DESCRIBE PROPUSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of nent to this work.)*	unes Low
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE ABANDON* REPAIR WELL CHANGE PLANS (Other) CHANGE PLANS (Other) DESCRIBE PROPUSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of nent to this work.)*	R31E
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE BIJOOT OR ACIDIZE ABANDON* CHANGE PLANS (Other) DESCRIBE PROPUSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of nent to this work.)*	. STATE
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE ABANDON* REPAIR WELL CHANGE PLANS (Other) DESCRIBE PROPUSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of nent to this work.)* SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: SPECIAL SHUT-OFF REPAIRING WELL ABANDON* ALTERING CASING ABANDONMENT* (Other) (Other) Completion or Recompletion on V. Completion or Recompletion Report and Log form.) DESCRIBE PROPUSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of nent to this work.)*	N.M
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DESCRIBE PROPUSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and nent to this work.).	X
9/8/88 Began drilling on well.	
BIGNED TITLE Production Assistant DATE NOV. 11.	
(This space for Federal or State office use) ACCEPTED FOR RECORI	
APPROVED BY TITLE	ر
DEC 6 1988	

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO