	RECEIVED DEC 16 '88 any State requirements. D. ARTESIA, OFFICE er Dr. RT. OR, etc.)	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1085 6. Lease designation and serial no. NM-29234 6. IF INDIAN, ALLOTTEE OR TRISE NAME 7. UNIT AGRESSENT NAME LOTOS FEDERAL 9. WALL NO1- 10. PIELD AND POOL, OR WILDCAT Und. S. Sand Dunes Lower 11. SEC., T., E., M., OR RIE. AND Penn. Sec. 9, T24S, R31E 12. COUNTY OR PARISH 13. STATE Eddy N.M.
SUNDRY NOTICES AND REPORT (Do not use this form for proposals to drill or to deepen or proposals. OIL GAR WELL OTHER Bettis, Boyle & Stovall ADDRESS OF OFFRATOR P.O. Box 1240, Graham, TX 76046 LOCATION OF WELL (Report location clearly and in accordance with See also space 17 below.) At surface 1980' FSL & 1980' FEL, NW/4Se/4, Unit L 4. FERMIT NO. 16. ELEVATIONS (Show wheth 3457.3' GR Check Appropriate Box To Indicated)	RECEIVED DEC 16 '88 any State requirements. D. ARTESIA, OFFICE et Dr. RT. OR, etc.)	8. FARM OR LEASE NAME LOTOS FEDERAL 9. WALL NO. -1- 10. PIELD AND POOL, OR WILDCAT Und. S. Sand Dunes Lower 11. SEC., T., E., M., OR BLE. AND Penn. Sec. 9, T24S, R31E 12. COUNTY OR FARIBII 13. STATE Eddy N.M.
OIL WELL STITER Bettis, Boyle & Stovall ADDRESS OF OPERATOR P.O. Box 1240, Graham, TX 76046 LOCATION OF WELL (Report location clearly and in accordance with Sec also space 17 below.) At surface 1980' FSL & 1980' FEL, NW/4Se/4, Unit L TERMIT NO. 16. ELEVATIONS (Show wheth 3457.3' GR Check Appropriate Box To Indicated)	RECEIVED DEC 16 '88 any State requirements. D. ARTESIA, OFFICE etter J er Dr. RT. OR. etc.)	8. FARM OR LEASE NAME Lotos Federal 9. WBLL NO. -1- 10. FIELD AND POOL, OR WILDCAT Und. S. Sand Dunes Lower 11. SHC., T., E., M., OR BLE. AND Penn. Sec. 9, T24S, R31E 12. COUNTY OR FARISH 13. STATE Eddy N.M.
Bettis, Boyle & Stovall P.O. Box 1240, Graham, TX 76046 Location of well. (Report location clearly and in accordance with See also apace 17 below.) At surface 1980' FSL & 1980' FEL, NW/4Se/4, Unit L 1. FERMIT NO. 15. ELEVATIONS (Show wheth 3457.3' GR Check Appropriate Box To Indicate 15. Check Appropriate 15. Check	er Dr. RT. OR. elc.)	Lotos Federal 9. WALL NO. -1- 10. PIELD AND POOL, OR WILDCAT Und. S. Sand Dunes Lower 11. SEC., T., E., M., OR BLE. AND Penn. Sec. 9, T24S, R31E 12. COUNTY OR PARISH 13. STATE Eddy N.M.
P.O. Box 1240, Graham, TX 76046 Location of well (Report location clearly and in accordance with See also space 17 below.) At surface 1980' FSL & 1980' FEL, NW/4Se/4, Unit L . 4. FERMIT NO. 16. ELEVATIONS (Show wheth 3457.3' GR Check Appropriate Box To Indicat	er Dr. RT. OR. elc.)	9. WELL NO. -1- 10. PIELD AND POOL, OR WILDCAY Und. S. Sand Dunes Lower 11. SEC., T., E., M., OR BLE. AND Penn. Sec. 9, T24S, R31E 12. COUNTY OR FARISH 13. STATE Eddy N.M.
1980' FSL & 1980' FEL, NW/4Se/4, Unit L 1980' FSL & 1980' FEL, NW/4Se/4, Unit L 1980' FSL & Appropriate Box To Indicate	er Dr. RT. OR. elc.)	Und. S. Sand Dunes Lower 11. SHC., T., E., M., OR BLE. AND Penn. Sec. 9, T24S, R31E 12. COUNTY OR PARISH 13. STATE Eddy N.M.
4. FERMIT NO. 16. ELEVATIONS (Show wheth 3457.3' GR Check Appropriate Box To Indical	er DF, RT, GR, etc.)	11. SEC., T., E., M., OR BLE. AND Penn. Sec. 9, T245, R31E 12. COUNTY OR PARISH 13. STATE Eddy N.M.
3457.3' GR Check Appropriate Box To Indicat		Eddy N.M.
6. Check Appropriate Box To Indicat	ie Nature of Notice, Report, or O	
	o i laidie di l'idilee, repon, di C	ther Data
	ворявала	ENT REPORT OF:
FRACTURE TREAT MINOT OR ACIDIZE REPAIR WELL (Other)	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report results of	ALTERING WELL ALTERING CASING ABANDONMENT* of multiple completion on Well tion Report and Log form.)
Describe Proposed on Conflicted Operations (Clearly state all pert proposed work. If well is directionally drilled, give subsurface nent to this work.)* 11/27/88 Ran Gamma Ray Depth Control	incut details, and give pertinent dates, i locations and measured and true vertical	including estimated date of starting any depths for all markers and sones perti-
Perforated Well from 14,994	to 15,004 with 40 holes	•
11/28/88 Shut well in, Waiting on pi	peline.	
	ACCEPTED FOR RECORD	21 - 1
	fiEC 1 5 1988 -20/2	RECEIVED 2 9 c2 All
	CARLSBAD, NEW MEMIC	ED 188
I hereby certify that the torefoling is true and correct SIGNED	Production Assistant	

*See Instructions on Reverse Side

DATE ..

APPROVED BY ________CONDITIONS OF APPROVAL, IF ANY: