

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

PROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

RECEIVED

JUL - 5 '94

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Bettis, Boyle & Stovall

3. Address and Telephone No.

P. O. Box 1240, Graham, TX 76450

ARTESIA, OFFICE

817-549-0780

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2310' FSL & 2310' FEL (NW/4 SE/4) SEC. 9, T24S, R31E

5. Lease Designation and Serial No.

NM-29234

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Lotos Federal #4

9. API Well No.

30-015-27593

10. Field and Pool, or Exploratory Area

Sand Dunes W. Delaware

11. County or Parish, State

Eddy Co., NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing

☒ Other add additional perfs in
same zone

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form 1)

13. 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.)*

Existing Perfs: 8003-8138' Delaware

Plan of Action: Add additional pay in the Delaware zone. Work to begin approx. 6/16/94.

1. Perforate 7936-46', 3 shots per foot.
2. Acidize perfs with 1000 gals. NEFE acid.
3. Apply fracture stimulation if required.
4. Return well to production.

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

Signed

Joe G. Lara

Title

Regulatory Analyst

Date 6/1/94

(This space for Federal or State office use)

Approved by

(ORIG. SGD.) JOE G. LARA

Title

PETROLEUM ENGINEER

Date

7/1/94

Conditions of approval, if any: