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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

JUN 25 1992

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

5. Lease Designation and Serial No.
NM-69369

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Sotol Federal #2

9. API Well No.
30-015-23977

10. Field and Pool, or Exploratory Area
Delaware Wildcat

11. County or Parish, State
Eddy County, NM

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

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 817-549-0780

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FSL & 1980' FWL of Sec. 1, T24S, R31E

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other perf, treatment of zone	<input type="checkbox"/> Dispose Water
	5 day start up	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

6/4/92 RU Halliburton Logging Service., TIH w/ PET/GR/CCL to 8520'. TOC = 7500', cement squeeze looks good. TIH w/ perf gun, perf Delaware from 8300-8325, 2 SPF, 50 holes. Acidize w/ 1500 gals. 7.5% HCL. Began swabbing well.

6/05/92 Continued to swab well.

6/06/92 Pump 28,500 gals. Viking 1-35 gel, 26,500# 20/40 sand. Hung up @ 2800' w/ swab cup.

6/07/92 Cut sand line & fished. Finally caught fish. Cleaned hole w/ 400 bbls. 2% KCL water.

6/13/92 Run tubing & rods in hole, set 320 Trico pumping unit. Began pumping well. 5 day notification of start up.

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

Signed Kim Ligon Title Production Analyst Date 6/17/92

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.