

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

RECEIVED

2. Name of Operator
BETTIS, BOYLE & STOVALL

MAY 17 2006

3a. Address
P.O. BOX 1240, GRAHAM, TX 76450

3b. Phone No. (include area code)
940-549-0780

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2080' FNL & 660' FEL SEC. 21, T-21S, R-29E

5. Lease Serial No.

NM-03205

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
89100326Q

8. Well Name and No.
BIG EDDY UNIT NO. 114

9. API Well No.
3001526263

10. Field and Pool, or Exploratory Area
U S BONE SPRINGS

11. County or Parish, State
EDDY CO., NM

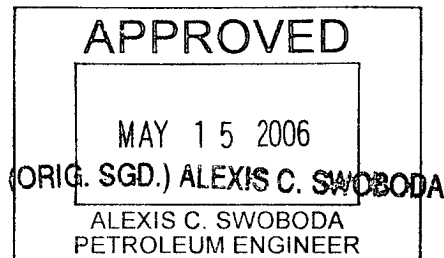
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input checked="" type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

- 1) M.I.R.U. P.U.
- 2) N.U. BOP
- 3) P.O.O.H. WITH 4-1/2" PKR. & 2-3/8" TBG.
- 4) R.I.H. WITH R.B.P., SET @ +/- 11,950 (CURRENT PERFS @ 12,002-12,214')
- 5) R.U. & PERF BONE SPRINGS FORMATION FROM 8410 - 8450', 2 SPF.
- 6) BREAK DOWN FORMATION WITH 4000 GALS 15% NEFE ACID.
- 7) SWAB WELL BACK & EVALUATE FOR FRAC.
- 8) RETURN WELL TO PRODUCTION.

APPROXIMATE TIME WORK WILL BEGIN: AUGUST OR SEPT. 2006



14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

KIM LIGON

Title **REGULATORY ANALYST**

Signature

Kim Ligon

Date

05/01/2006

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title

Date

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

(Instructions on page 2)