

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL COMMISSION
Drawer DL
Artesia, NM 88210

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

5. Lease Designation and Serial No.

NM-67103

6. If Indian, Allottee or Tribe Name

7. If Unit or CA. Agreement Designation
Laguna Grande Unit

8. Well Name and No.

Laguna Grande Unit No 1

9. API Well No.

30-015-21636

10. Field and Pool, or Exploratory Area

Wildcat-Bone Springs

11. County or Parish, State

Eddy Co., 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)

1380' FSL & 990' FEL of Sec 28, T23S, R29E

RECEIVED

JUN 22 '94

O. C. D.
ARTESIA OFFICE

12. CHECK APPROPRIATE BOX(S) 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"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>extension of 90 days to complete work</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(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.)*

EXISTING PERFS: 6701-6936'

PLAN OF ACTION: PLUG BACK & RECOMPLETION OF THE ABOVE WELLBORE FROM BONE SPRINGS TO DELAWARE.

AN EXTENSION OF 90 DAYS TO COMPLETE THIS WORK IS REQUESTED.

- 1) SET CIBP @ 6690', CAP WITH 35' CEMENT;
- 2) PRESSURE UP ON 7-5/8" LONG STRING TO 1000 PSI, HOLD FOR 15 MINUTES, RUN BOND LOG;
- 3) RUN 2-7/8" TUBING WITH RBP, 1 JT. 2-7/8" AND PKR IN HOLE;
- 4) SET RBP @ 6680';
- 5) PULL PKR TO 6500';
- 6) PERF 6590-94'; 6598-6600'; 6602-04'; 1 SPF;
- 7) SET PKR @ 6500';
- 8) SWAB WELL DOWN;
- 9) ACIDIZE WITH 500 GALS. OF APPROPRIATE TYPE ACID FOR DELAWARE;
- 10) SWAB WELL DOWN;
- 11) IF RESULTS ARE POSITIVE - FRAC AS RECOMMENDED FOR DELAWARE;
- 12) IF POSITIVE, WELL WOULD BE PUT ON PRODUCTION AT THIS POINT; IF NEGATIVE, RETRIEVE RBP, SET @ 6580';
- 13) PULL TBG. UP & PERF @ 6522-30'; 6537-39'; 6548-50'; 6562-64'; 1 SPF;
- 14) PROCEED WITH STEPS 6-11 ABOVE, PKR BEING SET @ 6400';
- 15) IF RESULTS ARE NEGATIVE, RETRIEVE RBP, SET @ 6500';
- 16) PULL TBG. UP & PERF @ 6437-39'; 6444'; 6451-56'; 6470'; 6474';
- 17) PROCEED WITH STEPS 6-11 ABOVE, PKR BEING SET @ 6300';
- 18) IF NEGATIVE, RETRIEVE RBP, SET @ 5130';
- 19) PULL TBG. UP & PERF @ 5080-90';
- 20) PROCEED WITH STEPS 6-11 ABOVE, PKR BEING SET @ 5000'.

CARLE AREA OFFICE

JUN 22 1 06 PM '94

RECEIVED

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

Signed

[Signature]

Title

Regulatory Analyst

Date

6/21/94

(This space for Federal or State office use)

Approved by

[Signature]

Title

[Signature]

Date

7/20/94

Conditions of approval, if any: