

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

C/SF

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

SEP 28 12 51 PM '94

CARLSBURG AREA HEADQUARTERS

OCT 25 '94

087-549-0780
ARTESIA OFFICE

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 1380' FSL & 990' FEL, Sec. 28, T23S, R29E

5. Lease Designation and Serial No.
 NM-67103

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
 LAGUNA GRANDE #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

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 checked="" type="checkbox"/> Subsequent Report	<input 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 type="checkbox"/> Other _____
	<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.)*

9/13/94- (continued) Made 1 run, RD swab, POOH w/ tbg.

9/14/94- RU Halliburton Logging, TIH w/ 4" csg gun, Perf Brush Canyon Calmon Sand from 6522-64, 18 holes. POOH w/ perf gun, TIH w/ 7-5/8" CIBP, set @ 6580', dump 6 sx cement on top of CIBP. TIH w/ tbg & pkr, set pkr & test CIBP to 1000 PSI f/ 15 min, held OK. Acidize perfs w/ 1250 gals. 7-1/2% NEFE acid. RU to flowback. RU to swab. SIFN

9/15/94- 10 hrs SITP = 450 PSI, dry formation gas bled down instantly. RU to swab, swab 10 hrs. IFL = surface, FFL = 2800' from sur., oil cut = 3.5%. SIFN

9/16/94- 14 hrs. SITP = 275 PSI. FL = 2400' from surface. Made 1 swab run, RD swab, POOH w/ tbg & pkr. RU Halliburton Logging, PU 4" csg gun TIH & perf 6437-74. TOOH w/ perf gun, TIH w/ 7-5/8" CIBP to 6510', dump 6 sx cement on CIBP. RIH w/ tbg & pkr. acidize perfs w/ 1000 gals 7-1/2" NEFE acid. RU to flowback, flowback 1 bbl & died. RU to swab. SI 1 hr & checked f/ entry, no entry SIFN

9/17/94- 13 hrs. SITP = 25 PSI. RU to swab, IFL = 4400' from sur., swab dry in 2 runs.

9/18/94- 20 hrs. SITP = 0 PSI. SIFW

9/19/94- SIFW

9/20/94- 44 hrs. SITP = 75 PSI, dry formation gas blew down in 5 min. RU to swab. Made 1 run w/ very minimal recovery. Acidize perfs from 6437-74 w/ 2000 gals 7-1/2% NEFE acid. RU to flowback. Flowback 5 bbls & died. RU to swab. IFL = surface. SIFN

14. I hereby certify that the foregoing is true and correct
 Signed [Signature] Title Regulatory Analyst Date 9/22/94

(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.