	. *		<b>`</b>	1
Submit 3 Copies State of New Mexico				Form C·1W
lo Appropriate District Office	Energy, Minerals and Natural R	lesources Department	Revised 1-1-89	
DISTRICT J P.O. Box 1980, Hobby, NM 88240	OIL CONSERVATIO	ON DIVISION	WELL API NO.	
P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504-2088		30-025-32859		
P.O. Drawer DD, Anesia, NM 88210			5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS				
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name - Kinsolving "7"	
1. Type of Well:				
WELL  X  WELL     2. Name of Operator	OTHER			
Bettis, Boyle & Stovall			8. Well No. -2-	
3. Address of Operator9. Pool name or With P. O. Box 1240, Graham, TX 76450817-549-07809. Pool name or With Gladiola Detection				
4. Well Location Unit Letter <u>B</u> : 100		207		
			Feet From Th	Last Line
Section 07	Township 12S Ra		NMPM Lea	County
II. Check NOTICE OF IN	Appropriate Box to Indicate 1		eport, or Other D SEQUENT REI	
		REMEDIAL WORK		
	CHANGE PLANS	COMMENCE DRILLING		
PULL OR ALTER CASING		CASING TEST AND CE		
OTHER:	Π	OTHER: drillin		- 🛛
12. Describe Proposed or Completed Operation	uions (Clearly state all pertinent details, ar		ling estimated date of sta	ring any proposed
work) SEE RULE 1103. 3/11/95 - 5264' TD, pre				
3/12/95 - 5934' TD, pre	sent operation is drill	ling.		
3/13/95 - 6515' TD, pre 3/14/94 - 6932' TD, pre				
3/15/95 - 7480' TD, pre				
3/16/95 - 7530' TD, pre	sent operation is easim	ng to bottom, b		
off bottom ta resumed drill	gged ledge @ 7336' & wa	ashed to bottom	. Washed & re	amed to bottom,
3/17/95 - 7930' TD, pre		ling.		
3/18/95 - 8147' TD, pre				
3/19/95 - 8644' TD, pre	sent operation is dril	ling		
3/20/95 - 9088' TD, pre				
3/21/95 - 9312' TD, pre 3/22/95 - 9486' TD, pre	sent operation is dril sent operation is dril	ling. ling.		
I hereby certify that the information above in the	e and complete to the best of my knowledge and $(1, 1)$	bellef.		,, <u>i</u>
SKONATURE	μn m	u <u>Regulatory</u>	Analyst	DATE 4/4/95
TYTE OR FRUNT NAME Kim Ligon	V			<u>тецеткоме но.</u> 817-549-0780
(This space for State Use)	SCOPD ONLY			
ATTROVED BY		LE		DATE
CONDITIONS OF AITROVAL, IF ANY:				