

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

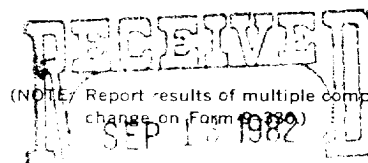
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR
BETTIS, BOYLE & STOVALL
3. ADDRESS OF OPERATOR
Box 1240 Graham, TX 76046
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1650' FSL, 2310' FEL, Section 17,
AT SURFACE: T18S-R32E
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input checked="" type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

5. LEASE
Federal - NM 9016
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Young Federal
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
Young Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 17-T18S-R32E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)



(NOTE: Report results of multiple completion or zone change on Form 9-330)

17. 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 location and measured and true vertical depths for all markers and zones pertinent to this work.)*

6-30-82 1. Circulate mud and set CIBP @ 3710' (Dumped 35' cement on top)
7-1-82 2. Thru tubing set 25 sxs. @ 2450'. Tag @ 2280'
7-2-82 3. Thru tubing set 50 sxs. @ 1086'. Tag @ 898'
7-6-82 4. Thru tubing set 50 sxs. @ 482'. Tag @ 330'
6-6-82 5. Thru tubing set 15 sxs. @ surface

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Supt. DATE 9/1/82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

SEP 20 1983

RECEIVED
SEP 21 1983
O.C.D.
HOEBS OFFICE