

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 SWD

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.) 330' FSL, 2310' FEL, Sec. 17, T18S, R32E AT SURFACE:

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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) _____

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☒

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.
4

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 9-1302)

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

7-8-82 1. Circulate mud, set CIBP @ 3710' (35' cement on top)

7-9-82 2. Thru tubing set 25 sxs. @ 2450'; Tag @ 2250'

7-12-82 3. Thru tubing squeeze 50 sxs. out @ 1017' below packer; Tag @ 900'

7-12-82 4. Thru tubing squeeze 50 sxs. out @ 527' below packer; Tag @ 400'

7-13-82 5. Thru tubing set 15 sxs. @ surface

Casing shot at 1017' & 527' but unable to pull any casing. P.W.C.

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

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

SIGNED [Signature] TITLE Supt. DATE 9/1/82

(This space for Federal or State office use)

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

m

RECEIVED
APR 18 1983
C.C.D.
HOLDS OFFICE