TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other)

REPAIR WELL

Form Approved

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	, 5. LEASE
DEPARTMENT OF THE INTERIOR	Federal-NM 9016
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a difference of the sum of the su	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil Y gas	Young - Federal
well well other	9. WELL NO.
2. NAME OF OPERATOR	2
BETTIS, BOYLE & STOVALL	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Young Queen
Box 1240 Graham, TX 76046	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space I	Section 19 - T18S - R32E
below.) AT SURFACE: 660' FNL, 660 FEL, Sect. 19-T18S-	R32E2. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	Lea NM
AT TOTAL DEPTH: same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTIC	 E,
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	- STICKER SOL
TEST WATER SHUT-OFF	
EDACTIOE TOTAL	A Service of the Control of the Cont

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

6/25/82 1. Set CIBP @ 3042' (35' cement on top)

6/25/82 Perforate 7" @ 2420' squeeze 50 sxs. below packer. Leave cement @ 22901

6/26/82 3. Pull 1526' of 7"

Thru tubing set 50 sxs. @ 1576'; Tag @ 1450' 6/28/82

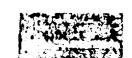
6/28/82 Thru tubing set 50 sxs. @ 1031'; Tag @ 804'

6/29/82 6. Thru tubing set 15 sxs. @ surface

7. Circulated mud in hole between plugs

Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct SIGNED TITLE SI	perintendent DATE 9/1/82
(This space for	Federal or State office use)
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	APPROVED

SEP 20 **1983** 



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