

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.)
AT SURFACE: 660' FNL, 660 FEL, Sect. 19-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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) _____

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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.
2
10. FIELD OR WILDCAT NAME
Young Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 19 - 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 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 2. Perforate 7" @ 2420' squeeze 50 sx. below packer. Leave cement @ 2290'
6/26/82 3. Pull 1526' of 7"
6/28/82 4. Thru tubing set 50 sx. @ 1576'; Tag @ 1450'
6/28/82 5. Thru tubing set 50 sx. @ 1031'; Tag @ 804'
6/29/82 6. Thru tubing set 15 sx. @ 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 Superintendent DATE 9/1/82

(This space for Federal or State office use)

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

RECEIVED
APR 18 1983
O.C.D.
HOBBS OFFICE